05/17/2011 10:12

Image# 11931443239

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election Х Runoff (30R) Special (30S) General (30G) Report for the: **Termination Report** (TER) in the 02 2010 DC 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 17 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
American Hospital Association PAC

22 10 14 2010 2010 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010[°] 2190847.18 January 1 (b) Cash on Hand at 1483411.02 Begining of Reporting Period 342787.98 1693980.71 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1826199.00 3884827.89 6(a) and 6(c) for Column B) 297577.79 2356206.68 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1528621.21 1528621.21 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

м м 1 0 1 4 м°м 1 1 2^D2 2010 2010 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 201190.69 766027.92 (i) Itemized (use Schedule A) 55665.08 319996.94 (ii) Unitemized (iii) TOTAL (add 256855.77 1086024.86 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 256855.77 1086024.86 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 81800.00 571482.61 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 14637.54 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 4000.00 19750.00 Political Committees 17. Other Federal Receipts 132.21 2085.70 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 342787.98 1693980.71 12, 13, 14, 15, 16, 17, and 18(c))

FE6AN026

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

342787.98

1693980.71

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	
Expenditures(c) Total Operating Expenditures	-524641.17	12739.37
(add 21(a)(i), (a)(ii) and (b))	-524641.17	12739.37
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	161350.00	1430225.31
. Independent Expenditure (use Schedule E)	658868.96	910324.50
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	725.00
Other Disbursements	2000.00	2192.50
D. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	297577.79	2356206.68
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	297577.79	2356206.68
11011 Ellio 01/	201011.10	2000200.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	256855.77	1086024.86
34.	Total Contribution Refunds (from Line 28(d))	0.00	725.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	256855.77	1085299.86
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-524641.17	12739.37
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	-524641.17	-1898.17

FE6AN026

Any information copied from such Reports and Stator for commercial purposes, other than using the research of the results of t	State Zip Code DC 20004-2801 C Occupation Sr. Associate Director Aggregate Year-to-Date 350.00	Date of Receipt Date of Receipt Transaction ID: 18680728 Amount of Each Receipt 100.00
Mr. Mike Rock Mailing Address 325 Seventh Street NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Cheryl Nester-Wolfe	DC 20004-2801 C Occupation Sr. Associate Director Aggregate Year-to-Date ▼	10 19 2010 Transaction ID: 18680728 Amount of Each Receipt this Period
Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Cheryl Nester-Wolfe	Occupation Sr. Associate Director Aggregate Year-to-Date 350.00	Amount of Each Receipt this Period
tion-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Cheryl Nester-Wolfe	Sr. Associate Director Aggregate Year-to-Date ▼ 350.00	
Ms. Cheryl Nester-Wolfe		
Mailing Address 252 Muirfield Avenue Si	<u> </u>	Date of Receipt
City	State Zip Code	Transaction ID: 18680976
Salem	OR 97306-8594	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Salem Hospital	Occupation Sr. VP, Patient Care, Chief Nursing Of	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Mary Ann Hewston, MPM, BSN, Mailing Address 10501 State Hwy 285		Date of Receipt
City	State Zip Code	1 0 1 4 2 0 1 0 Transaction ID: 18681048
Conneaut Lake	PA 16316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Meadville Medical Center	Occupation Director, Clinical and Support Service	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. John H Tobin Mailing Address 64 Robbins Street City	State	Zip Code	Date of Receipt M M / D B / Y Y Y Y Y Y Y Y Y
Waterbury FEC ID number of contributing federal political committee.	CT	06708-2600	Amount of Each Receipt this Period 500.00
Name of Employer Waterbury Hospital Receipt For: Primary General Other (specify) ▼		n t and Chief Executive Officer e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Harris Mailing Address P O Box 250	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marshall FEC ID number of contributing federal political committee.	State MO	Zip Code 65340-0250	Transaction ID: 18681064 Amount of Each Receipt this Period 400.00
Name of Employer Fitzgibbon Hospital Receipt For: Primary General Other (specify) ▼		n nancial Officer e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. John F Bringhurst Mailing Address Box 589			Date of Receipt
City Petersburg FEC ID number of contributing federal political committee.	State AK	Zip Code 99833-0589	Transaction ID: 18681089 Amount of Each Receipt this Period 500.00
Name of Employer Petersburg Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Administ Aggregate		
SUBTOTAL of Receipts This Page (optional)			1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Peter J Holden		Date of Receipt
	Mailing Address 275 Sandwich Street		10 15 7 2010
	City Plymouth	State Zip Code MA 02360-2183	Transaction ID: 18681772
	FEC ID number of contributing federal political committee.	MA 02360-2183	Amount of Each Receipt this Period 100.00
	Name of Employer Jordan Hospital	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Gary L Brewer		Date of Receipt
	Mailing Address 1906 Blake Avenue		10 15 2010
	City	State Zip Code	Transaction ID: 18681786
	Glenwood Springs	CO 81601-4227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Valley View Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Peter E Makowski		Date of Receipt
	Mailing Address 4231 West 16th Aven	ue	10 15 2010
	City	State Zip Code	Transaction ID: 18681841
	Denver FEC ID number of contributing federal political committee.	CO 80204-1335	Amount of Each Receipt this Period 250.00
	Name of Employer St. Anthony Central Hospi-	Occupation	
	tal Receipt For:	Chief Executive Officer	_
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
			850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 261 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Margaret D Sabin Mailing Address P O Box 7021		Date of Receipt
	Maining Address P O Box 7021		10 15 2010
	City	State Zip Code	Transaction ID: 18681940
	Colorado Springs	CO 80933-7021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Penrose-St. Francis Health Services	Occupation President and Chief Executive Office	r
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial) Ms. Charlotte Ramsey	.1	Date of Receipt
Mailing Address 6216 Crooked Stick \		Vay	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18682191
	Radford	VA 24141-7025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Carilion New River Valley Medical Cent	Occupation Chief Nursing Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
	Full Name (Last, First, Middle Initial) Mr. Craig J Broman		Date of Receipt
	Mailing Address 1406 Sixth Avenue N	orth	10 19 2010
	City	State Zip Code	Transaction ID: 18682215
	Saint Cloud	MN 56303-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer St. Cloud Hospital	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	560.00	
			660.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 261 (check only one) X 11a	
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Hospital Association PA		,,,		
Full Name (Last, First, Middle Initial) Mr. Dennis J Doran			Date of Receipt	
Mailing Address 701 South Dellwoo	d Street		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 1 1 1 1 1 1 1 1	
City Cambridge	State MN	Zip Code 55008-1920	Transaction ID: 18682218 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		57.50	
Name of Employer Cambridge Medical Center	Occupation Presiden			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 232.50		
Full Name (Last, First, Middle Initial) Mr. Mark A Eustis	 		Date of Receipt	
	Mr. Mark A Eustis Mailing Address 2450 Riverside Avenue			
City	State	Zip Code	Transaction ID: 18682219	
Minneapolis FEC ID number of contributing federal political committee.	C	55454-1450	Amount of Each Receipt this Period 15.00	
Name of Employer Fairview Health Services	Occupation Presiden	n t and Chief Executive Office		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 515.00		
Full Name (Last, First, Middle Initial) Mr. Bill Nelson			Date of Receipt	
Mailing Address P.O. Box A			10 19 2010	
City Onamia	State MN	Zip Code 56359-7901	Transaction ID: 18682301	
FEC ID number of contributing federal political committee.	C	30339-7901	Amount of Each Receipt this Period 110.00	
Name of Employer Mille Lacs Health System	Occupation Chief Exe	n ecutive Officer		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 360.00		
SUBTOTAL of Receipts This Page (optional	I		182.50	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	ratements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Terence Pladson, MD Mailing Address 1406 Sixth Avenue Nor	th	Date of Receipt 1 0 1 9 2 0 1 0
	City Spirit Claud	State Zip Code MN 56303-1900	Transaction ID: 18682302
	Saint Cloud FEC ID number of contributing federal political committee.	MN 56303-1900	Amount of Each Receipt this Period 60.00
	Name of Employer CentraCare Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 560.00	er
- 3.	Full Name (Last, First, Middle Initial) Mr. Randy Ulseth Mailing Address 301 South Highway 65		Date of Receipt 1 0 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 18682303
	Mora	MN 55051-1899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	445.00
	Name of Employer Kanabec Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 445.00	
_	Full Name (Last, First, Middle Initial) Ms. Ginger L. Bliss		Date of Receipt
-	Mailing Address 5403 West 161st Terra	ce	10 19 2010
	City	State Zip Code	Transaction ID: 18684883
	Overland Park FEC ID number of contributing federal political committee.	KS 66085-7814	Amount of Each Receipt this Period 400.00
	Name of Employer Carondelet Health	Occupation VP, Strategic Planning & Business I	Dev
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		905.00

SCHEDULE A (ITEMIZED REC	•	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 12 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied or for commercial purpo	from such Reports and Staten ses, other than using the nam	nents may not be sold or us e and address of any politi	sed by any person cal committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMIT American Hospita	TEE (In Full) al Association PAC			
Full Name (Last, First Mr. William M Jenning	gs			Date of Receipt
Mailing Address 1	7725 Wilding Place Dr			10 21 2010
City		State Zip Code		Transaction ID: 18687435
Chesterfield		MO 63005-4279)	Amount of Each Receipt this Period
FEC ID number of c federal political comr		С		350.00
Name of Employer Bridgeport Hospital		occupation President and CEO		
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date ▼	350.00	
Full Name (Last, First Dr Joel R Reich, MD	st, Middle Initial)			Date of Receipt
	1 Haynes Street			10 21 2010
City		State Zip Code		Transaction ID: 18687436
Manchester		CT 06040-4131	<u> </u>	Amount of Each Receipt this Period
FEC ID number of c federal political comr		С		500.00
Name of Employer Eastern Connecticut Network	Haalth	Occupation Senior Vice President N	Medical Affairs	
Receipt For: Primary Other (specify	General	Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First Mr. Vincent Capece	st, Middle Initial)			Date of Receipt
Mailing Address 2	8 Crescent Street			10 21 2010
City Middletown		State Zip Code CT 06457-3650)	Transaction ID: 18687437 Amount of Each Receipt this Period
FEC ID number of c		C		350.00
Name of Employer Middlesex Hospital		Occupation President and Chief Exe	ecutive Officer	
Receipt For: Primary Other (specify)	General	Aggregate Year-to-Date ▼		
SUBTOTAL of Receip	ts This Page (optional)		>	1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	d Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any personal schedule s	FOR LINE NUMBER: PAGE 13 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and ad	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dennis P McConville Mailing Address 80 Chilstone Ln			Date of Receipt
City	State	Zip Code	Transaction ID: 18687438
<u>Manchester</u>	CT	06040-5651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Eastern Connecticut Health Network Receipt For: Primary General Other (specify) ▼		n P Planning, Marketing, Com e Year-to-Date ▼ 350.00	muni
Full Name (Last, First, Middle Initial)			Date of Respiret
Mr. David A Whitehead Mailing Address 326 Washington Stre	eet		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18687439
Norwich	CT	06360-2733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer William W. Backus Hospita- I, The	Occupation Presiden	n t and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Jane Deane Clark, PhD			Date of Receipt
Mailing Address 110 Barnes Road			10 21 YYYY 10 21 2010
City	State	Zip Code	Transaction ID: 18687441
Wallingford	CT	06492-1802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Senior D	n irector, Healthcare Data	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		1200.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Chad Wable Mailing Address 35 Inverness Ct City Cheshire FEC ID number of contributing federal political committee. Name of Employer Saint Mary's Hospital Receipt For: Primary General Other (specify)	State Zip Code CT 06410-3548 C Occupation President and CEO Aggregate Year-to-Date 350.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gerald J Boisvert Mailing Address 282 Washington Stree City Hartford FEC ID number of contributing federal political committee. Name of Employer Connecticut Children's Medical Center Receipt For: Primary General Other (specify)		Date of Receipt M M / 21 / 2010 Transaction ID: 18687443 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Mr. Daniel E Lohr Mailing Address 326 Washington Stree City Norwich FEC ID number of contributing federal political committee. Name of Employer William W. Backus Hospita- I, The Receipt For: Primary General Other (specify)	State Zip Code CT 06360-2733 C Occupation Senior Vice President and Chief Final Aggregate Year-to-Date 350.00	Date of Receipt M M / D D / 2010 Transaction ID: 18687444 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X	2 Separate Scriedale(3)	FOR LINE NUMBER: PAGE 15 / 261 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Richard A Brvenik, FACHE		Date of Receipt
Mailing Address 112 Mansfield Aven	ue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18687445
Willimantic	CT 06226-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Windham Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William Stanley		Date of Receipt
Mailing Address 292 Pequot Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18687459
New London	CT 06320-4451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Lawrence & Memorial Hospi- tal	Occupation Vice President, Development	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms Laura J. Hanten Jordan		Date of Receipt
Mailing Address 49 Oxford St		10 21 2010
City	State Zip Code	Transaction ID: 18687460
Hartford	CT 06105-2915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation VP, Patient Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1350.00

SCHEDULE A ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 261 (check only one) X
or for commercial purpo	ses, other than using the name a	ts may not be sold or used by any perso nd address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, Fir Mr. Stephen A. Frayn Mailing Address 4			Date of Receipt
City Woodbury FEC ID number of c	Sta C1	•	Transaction ID: 18687462 Amount of Each Receipt this Period
Name of Employer Connecticut Hospita ciation Receipt For: Primary Other (specify	I Asso- Occi Sen Agg	upation ior Vice President, Health Policy regate Year-to-Date ▼ 500.00	500.00
Full Name (Last, Fir Mr. Patrick Charmel Mailing Address 1	st, Middle Initial) 30 Division Street		Date of Receipt 1 0 2 1 2 0 1 0
City	Sta	ate Zip Code	Transaction ID: 18687558
Derby	C1	06418-1326	Amount of Each Receipt this Period
FEC ID number of of federal political com	ontributing mittee.		500.00
Name of Employer Griffin Hospital		upation sident and Chief Executive Officer	
Receipt For: Primary Other (specify	General	regate Year-to-Date ▼ 500.00	
Full Name (Last, Fir Ms. Kimberley K. Hos			Date of Receipt
Mailing Address 3	1 Prospect Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	Sta	_	Transaction ID: 18687559
Bristol FEC ID number of of federal political com		06010-5045	Amount of Each Receipt this Period 500.00
Name of Employer Connecticut Hospita ciation Receipt For:	Vice	pation President Administration and Co	om m
Primary Other (specify	General	regate Year-to-Date ▼ 500.00	
SUBTOTAL of Receip	ts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports ar	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 261 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms Kyle Ballou		Date of Receipt
Mailing Address 20 York Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18687560
New Haven	CT 06510-3220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Yale-New Haven Hospital	Occupation Administrative Director Community & 0	G o
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom		Date of Receipt
Mailing Address 789 Howard Avenue	е	10 21 2010
City	State Zip Code	Transaction ID: 18687561
New Haven	CT 06519-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Yale New Haven Health Sys- tem	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Kurt A Barwis, FACHE		Date of Receipt
Mailing Address P O Box 977		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18687562
Bristol	CT 06011-0977	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bristol Hospital	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Hospital Association	orts and Statements may not be sold or used by any persor using the name and address of any political committee to s	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. James D. lacobellis Mailing Address 110 Barnes Ro		Date of Receipt
City Wallingford	State Zip Code CT 06492-1802	Transaction ID: 18687577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Connecticut Hospital Asso- ciation Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Government Relations Aggregate Year-to-Date ▼ 500.00	<u>, </u>
Full Name (Last, First, Middle Initial) Mr. Martin J. Gavin Mailing Address 108 Winding L		Date of Receipt
City	State Zip Code	Transaction ID: 18687578
Avon	CT 06001-2625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Connecticut 'Children's Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Ms. Carolyn S. Kobsa Mailing Address P O Box 5000		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18687579
Bridgeport FEC ID number of contributing federal political committee.	CT 06610-0120	Amount of Each Receipt this Period 350.00
Name of Employer Bridgeport Hospital	Occupation Senior Vice President Planning and M	 ar
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (o	ptional)	1200.00

or for c		De	each category of the tailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ormation copied from such Reports and Statement of Statem	atements may not be name and address of	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	nerican Hospital Association PAC			
Dr F	Name (Last, First, Middle Initial) Peter N Herbert, MD ling Address 789 Howard Avenue			Date of Receipt
		04-4- 7	in Code	10 21 2010
City <u>Ne</u>	w Haven		ip Code 16519-1304	Transaction ID: 18687580 Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		500.00
Nan Yale tem	ne of Employer e New Haven Health Sys- I	Occupation Senior Vice Pr	esident Medical Affairs	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
Ms. Ms.	Name (Last, First, Middle Initial) Lucille A Janatka ling Address 435 Lewis Avenue			Date of Receipt
				10 21 2010
City Me	riden		ip Code 16451-2101	Transaction ID: 18687585 Amount of Each Receipt this Period
FEC	C ID number of contributing eral political committee.	C	1 1 1 1	500.00
Nan Mid	ne of Employer State Medical Center	Occupation President and	Chief Executive Officer	<u>-</u>
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) Gusan L Davis, RN, EdD			Date of Receipt
Mail	ling Address 2800 Main Street			M M / D D / Y Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City			ip Code	Transaction ID: 18687586
FEC	dgeport C ID number of contributing eral political committee.	CT 0	6606-4201	Amount of Each Receipt this Period 500.00
ter	ne of Employer Vincent's Medical Cen-	Occupation President and	Chief Executive Officer	
	ceipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)			1500.00

Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John J. Brady, III	tatements may not be sold or used by name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial)	Traine and address of any pointed of	Timilities to golish contributions from such continues.
American Hospital Association PAC Full Name (Last, First, Middle Initial)		
, , , , , , , , , , , , , , , , , , , ,		
wii. uuiii u. Diauy, iii		Date of Receipt
Mailing Address 5 Lynnbrook Road		10 21 2010
City	State Zip Code	Transaction ID: 18687588
Trumbull	CT 06611-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice President, Business De	velopment &
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	50	0.00
Other (specify)	0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Mr. Allan Pinard		Date of Receipt
Mailing Address 110 Barnes Road		10 21 2010
City	State Zip Code	Transaction ID: 18687591
Wallingford	CT 06492-1802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Connecticut Hospital Asso- ciation	Occupation Assistant Vice President, Fir	nance
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	35	0.00
Full Name (Last, First, Middle Initial)		
Mr. John H Tobin Mailing Address 64 Robbins Street		Date of Receipt
Walling Address 64 RODDITS Street		10 21 2010
City	State Zip Code	Transaction ID: 18687592
Waterbury	CT 06708-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Waterbury Hospital	Occupation President and Chief Executive	ve Officer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		0.00
Other (specify) ▼	100	
SUBTOTAL of Receipts This Page (optional)		1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 21 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson Mailing Address 61 Hickory Lane City Madison FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Asso-		Zip Code 06443-1718	Date of Receipt M M M
ciation Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	President and Aggregate Year	d Chief Executive Office r-to-Date ▼ 1000.00	r]
Full Name (Last, First, Middle Initial) Mr. Kevin Reynolds Mailing Address 280 Steele Road			Date of Receipt 1 0 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: 18687610
West Hartford	СТ	06117-2743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saint Francis Care, Inc.	Occupation Trustee		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert J. Falaguerra	l		Date of Receipt
Mailing Address 114 Woodland Street			10 21 YYYY 2010
City		Zip Code	Transaction ID: 18687612
Hartford		06105-1208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saint Francis Hospital and Medical Cen	, '	nt Plant Operation	
Receipt For: Primary General Other (specify)	Aggregate Year	250.00 2	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bernard A. Clark, III Mailing Address 93 Johnny Cake Lar City Glastonbury FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For:	State Zip Code CT 06033-2545 C Occupation Chairman, Dept. of Medicine Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms Teresa Bolton	250.00	Date of Receipt
Mailing Address 37 Candlewood Dr City West Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06117-1010 C Occupation Vice President Legal Affairs Aggregate Year-to-Date 250.00	Transaction ID: 18687622 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. James W. Schepker Mailing Address 115 Mountain Terrace City West Hartford FEC ID number of contributing federal political committee.	ce Road State Zip Code CT 06107-1547	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Communications Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 261 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. R Christopher Hartley Mailing Address 114 Woodland Stree City Hartford	eet State Zip Code CT 06105-1208	Date of Receipt 10 21 2010 Transaction ID: 18687635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Saint Francis Care, Inc. Receipt For: Primary General Other (specify)	Occupation Senior Vice President Planning and Fa Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Mr. Edward Johnson Mailing Address 114 Woodland Str City Hartford FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and	State Zip Code CT 06105-1208 C Occupation	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Medical Cen Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Senior Vice President Aggregate Year-to-Date ▼ 500.00	
Ms. Mary Ann Hanley Mailing Address 349 East Street City Hebron FEC ID number of contributing federal political committee.	State Zip Code CT 06248-1102	Date of Receipt M M
Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼	Occupation Administrative Liaison Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 261 (check only one) X
Ai	ny information copied from such Reports and story commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Mr Gregory T Makoul		Date of Receipt
	Mailing Address 49 Madison Ave		10 21 2010
	City Madison	State Zip Code CT 06443-3135	Transaction ID: 18687844
	FEC ID number of contributing federal political committee.	C 00443-3133	Amount of Each Receipt this Period 250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Sr. Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Howard A. Shaw, MD	I.	Date of Receipt
	Mailing Address 65 Olander Lane		10 21 2010
	City	State Zip Code	Transaction ID: 18687846
	Middletown	CT 06457-1574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Chairman & Director, Department Of	B/GYN
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms Nicole J Schulz	1	Date of Receipt
	Mailing Address 142 Four Mile Rd		10 21 2010
	City	State Zip Code	Transaction ID: 18687928
	West Hartford	CT 06107-3021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation VP Revenue Cycle	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	250.00	
			750.00

City State Zip Code Farmington CT 06032-1455 Farmington CT 06032-1455 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Mailing Address 114 Woodland Street City State Zip Code CT 06032-1455 Amount of Each Receipt this Period Cocupation Director Hoffman Heart and Vascular In Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Occupation Code Transaction ID: 18687942 Amount of Each Receipt this Period Cocupation Director Hoffman Heart and Vascular In Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period C Occupation Director Hoffman Heart and Vascular In Aggregate Year-to-Date ▼ Transaction ID: 18687942 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
American Hospital Association PAC Full Name (Last, First, Middle Initial) Maling Address 2 Whitehall Place City State Zip Code CT 08932-1455 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt Primary General Other (specify) ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Make Kathleen Roche Mailing Address 114 Woodland Street City State Zip Code CT 08105-1208 FEC ID number of contributing C 250.00 Pull Name (Last, First, Middle Initial) Make Kathleen Roche Mailing Address 114 Woodland Street City State Zip Code CT 08105-1208 FEC ID number of contributing C CT 08105-1208 FEC ID number of contributing Roche Primary General Other (specify) ▼ City State Zip Code CT 08105-1208 FEC ID number of contributing C CT 08105-1208 FEC ID number of contributing Roche Primary General Other (specify) ▼ City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Maling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Malling Address 114 Woodland Street City State Zip Code CT 08105-1208 FEUR Name (Last, First, Middle	(Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Address 2 Whitehall Place City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code Plimary General Office (Part Model Initial) Ms. Kathseen Roche Mailing Address 114 Woodland Street City State Zip Code CT 06105-1208 Full Name (Last, First, Middle Initial) Recipit For: Graph Syar General Office (Paper) Primary General Office (Pap		` '			
City FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Modical Con. Receipt For: Pprimary General Other (specify) ▼ State Zip Code Transaction ID: 18687938 Amount of Each Receipt this Period C 250.00 Transaction ID: 18687938 Amount of Each Receipt this Period Director Hoffman Heart and Vascular In Aggregate Year-to-Date ▼ Pprimary General Other (specify) ▼ State Zip Code Transaction ID: 18687942 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period Transaction ID: 18687942 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Tran	۷.	,			Date of Receipt
Farmington CT 06032-1455 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen. Receipt For: Primary General Other (specify) ▼					10 21 2010
FEC ID number of contributing federal political committee. Name of Employer Saint Fracis Hospital and Medical Cen Primary General Other (specify)				•	
Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Other (specify)			CI	06032-1455	Amount of Each Receipt this Period
Medical Cen			C		250.00
Receipt For: Primary General Z50.00		Name of Employer Saint Francis Hospital and			
Substotal of Receipt State Stat			Aggregate	e Year-to-Date ▼	
Ms. Kathleen Roche Mailing Address 114 Woodland Street City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Mailing Address 114 Woodland Street City Primary General Other (specify) ▼ State Zip Code Mailing Address 114 Woodland Street City State Zip Code Executive Vice President&COO Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt M* M* Jeffrey Steinberg Mailing Address 114 Woodland Street City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. Coccupation Chairman of Surgery Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period E250.00 750.00					
City State Zip Code CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ Name of Employer Saint Francis Hospital and Medical Committee. Primary General City State Zip Code CT 06105-1208 Date of Receipt Date of Receipt Transaction ID: 18687942 Amount of Each Receipt this Period Executive Vice President&COO Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 18687945 Amount of Each Receipt Date of Receipt Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period City State Zip Code Transaction ID: 18687945 Amount of Each Receipt this Period City Office of Contributing federal political committee. Date of Receipt Transaction ID: 18687945 Amount of Each Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	_ 3.				Date of Receipt
Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼		Mailing Address 114 Woodland Street			
FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: □ Primary □ General Other (specify) ▼ □ Date of Receipt For: □ Primary □ General Other (specify) ▼ □ Date of Receipt For: □ Primary □ State Zip Code CT 06105-1208 □ Transaction ID: 18687945 □ Amount of Each Receipt this Period FeC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: □ Primary □ General Other (specify) ▼ □ Date of Receipt □ Date of Receipt □ Transaction ID: 18687945		•	State	Zip Code	Transaction ID: 18687942
Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Pill Name (Last, First, Middle Initial) Part of Expected Plant of Executive Vice President COO		<u>Hartford</u>	CT	06105-1208	Amount of Each Receipt this Period
Medical Cen Receipt For:			C		250.00
Receipt For: Primary General 250.00		Name of Employer Saint Francis Hospital and Medical Gen			
Tull Name (Last, First, Middle Initial) Mr. Jeffrey Steinberg Mailing Address 114 Woodland Street City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ Subtotal of Receipts This Page (optional) Page (optional) Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period Transaction ID: 18687945 Amount of Each Receipt this Period 250.00		Receipt For:	Aggregate	e Year-to-Date	
Mr. Jeffrey Steinberg Mailing Address 114 Woodland Street City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Date of Receipt Transaction ID: 18687945 Amount of Each Receipt this Period 250.00 Transaction ID: 18687945 Amount of Each Receipt this Period 250.00		.,		250.00	
Mailing Address 114 Woodland Street City State Zip Code Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Name of Employer Saint Francis Hospital and Surgery Aggregate Year-to-Date ▼ Transaction ID: 18687945 Amount of Each Receipt this Period 250.00	_ ;.				Date of Receipt
Hartford CT 06105-1208 FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) ▼ Substotal of Receipts This Page (optional) Amount of Each Receipt this Period 250.00 Agregate Year-to-Date ▼ 250.00					
FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify) Other (specify) SUBTOTAL of Receipts This Page (optional) 250.00 250.00		•		Zip Code	Transaction ID: 18687945
Table 1		<u>Hartford</u>	CT	06105-1208	Amount of Each Receipt this Period
Medical Cen Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 250.00			С		250.00
Medical Cen Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 250.00		Name of Employer Saint Francis Hospital and			
Primary General 250.00 Other (specify) ▼ 250.00 SUBTOTAL of Receipts This Page (optional)		Medical Cen			\dashv
SUBTOTAL of Receipts This Page (optional)			Aggregate	1 1 1 1 1 1 1	1
SUBTOTAL of neceipts this Fage (optional)		Other (specify)		250.00]
		SUBTOTAL of Receipts This Page (optional)			750.00
	r			<u> </u>	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements may n	Use separate schedule(s) for each category of the Detailed Summary Page of be sold or used by any person	FOR LINE NUMBER: PAGE 26 / 261 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and addre	ss of any political committee to	solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Jennifer Schneider			Date of Receipt
	Mailing Address 17 Candlewood Lane			10 21 2010
	City	State	Zip Code	Transaction ID: 18687952
	Granby	CT	06035-1127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation VP, Lean &	Contributions Improvement	nt
	Receipt For: Primary General	Aggregate Yo	ear-to-Date ▼	
	Other (specify) ▼		250.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Stuart E. Rosenberg			Date of Receipt
	Mailing Address 289 Hill St			10 21 YYYY 2010
	City	State	Zip Code	Transaction ID: 18687953
	Bristol	CT	06010-2955	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		275.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Executive D	Director- North Campus	
	Receipt For: Primary General Other (specify)	· '	ear-to-Date ▼ 275.00	
_).	Full Name (Last, First, Middle Initial) Mr. Donald Straceski			Date of Receipt
	Mailing Address 114 Woodland Street			10 21 YYYY 2010
	City	State	Zip Code	Transaction ID: 18687954
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice Presid	ent Fiancial Management	
	Receipt For:	Aggregate Yo	ear-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			775.00
\vdash	CODITAL OF Necepto This Page (optional)		······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jess Kupec Mailing Address 8 Ellridge Place City Ellington FEC ID number of contributing federal political committee. Name of Employer Saint Francis Hospital and Medical Cen Receipt For: Primary General Other (specify)	State Zip Code CT 06029-3633 C Occupation President and CEO Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 1 / 2 0 1 0 Transaction ID: 18687959 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Joseph White, III Mailing Address 10 Lakeside Terrace City Westford FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 01886-1392 C Occupation Executive Vice President & COO Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Paul R Bengtson Mailing Address PO Box 905 City Saint Johnsbury FEC ID number of contributing federal political committee. Name of Employer Northeastern Vermont Regional Hospital Receipt For: Primary General Other (specify)	State Zip Code VT 05819-0905 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ A .	Full Name (Last, First, Middle Initial) Ms. Jill Berry Bowen		Date of Receipt
	Mailing Address 133 Fairfield Street		10 21 2010
	City	State Zip Code	Transaction ID: 18694331
	Saint Albans	VT 05478-1726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Northwestern Medical Cent- er	Occupation President and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
– В.	Full Name (Last, First, Middle Initial) Mr. Kevin Donovan, FACHE		Date of Receipt
	Mailing Address 512 Brookside Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 18694332
	New London	NH 03257-5858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Mt. Ascutney Hospital and Health Cente	Occupation CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Melinda Estes, MD		Date of Receipt
	Mailing Address 111 Colchester Avenue		10 21 2010
	City	State Zip Code	Transaction ID: 18694334
	Burlington	VT 05401-1473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Fletcher Allen Health Care	Occupation President and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)		1700.00
⊢			_

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 261 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	he name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Marie Beatrice Grause, RN, JD Mailing Address 1580 North Street			Date of Receipt
City Montpelier FEC ID number of contributing	State VT	Zip Code 05602-2997	1 0 2 1 2 0 1 0 Transaction ID: 18694335 Amount of Each Receipt this Period 1000.00
Receipt For: Primary Other (specify) General Other (specify) General	Occupation President		
Full Name (Last, First, Middle Initial) Ms Lori Brown Mailing Address 40349 Braddock Rd			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18695237
Aldie FEC ID number of contributing federal political committee.	C	20105-2719	Amount of Each Receipt this Period 350.00
Name of Employer Inova Health System	Occupation Assistant	n : Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Ben Clark			Date of Receipt
Mailing Address 1920 Atherholt Road	I		10 22 2010
City	State	Zip Code	Transaction ID: 18695238
Lynchburg FEC ID number of contributing federal political committee.	C	24501-1104	Amount of Each Receipt this Period 350.00
Name of Employer Centra Lynchburg General Hospital Receipt For:	_ ,	n sident and Chief Information Year-to-Date	0
Primary General Other (specify) ▼	Aggregate	350.00	
SUBTOTAL of Receipts This Page (optional)			1700.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Aı or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Д .	Full Name (Last, First, Middle Initial) Mr. James B Cole			Date of Receipt
	Mailing Address 1701 North George Ma	ason Drive		10 22 7 2010
	City Arlington	State VA	Zip Code 22205-3610	Transaction ID: 18695239
	FEC ID number of contributing federal political committee.	C	22203-3010	Amount of Each Receipt this Period 350.00
	Name of Employer Virginia Hospital Center - Arlington	Occupation Chief Exe	cutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Hudson	do Duivo		Date of Receipt
	Mailing Address 8004 Greenwich Wood	10 22 7 2010		
	City McLean	State VA	Zip Code 22102-1332	Transaction ID: 18695241
	FEC ID number of contributing federal political committee.	C	22102-1332	Amount of Each Receipt this Period 350.00
	Name of Employer Inova Fairfax Hospital	Occupation Trustee	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
 >.	Full Name (Last, First, Middle Initial) Dr. David Levin			Date of Receipt
-	Mailing Address 1476 Bridge Point Train	il		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18695243
	Suffolk FEC ID number of contributing federal political committee.	C	23432-1320	Amount of Each Receipt this Period 350.00
	Name of Employer Sentara Healthcare	Occupation Vice Pres	n ident Medical Affairs	
	Receipt For: Primary General Other (specify) ▼	+ ·	Year-to-Date ▼ 350.00	
s	SUBTOTAL of Receipts This Page (optional)			1050.00
	OTAL This Period (last page this line number		<u> </u>	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and S r commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Hospital Association PAC			
A . <u>1</u>	full Name (Last, First, Middle Initial) Mr Dean Morehouse			Date of Receipt
- IN	Mailing Address 8800 Pennsylvania Ave	10 22 2010		
	City	State	Zip Code	Transaction ID: 18695262
_	Jpper Marlboro	MD	20772-7312	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		350.00
<u> </u>	lame of Employer nova Health System	Occupation Trustee	1	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	350.00	
	Full Name (Last, First, Middle Initial) Mr Shane H Peng, MD	1		Date of Receipt
N -	Mailing Address 9870 Breezy Pont Ln	10 22 2010		
	City .	State	Zip Code	Transaction ID: 18695264
_	Hayes	VA	23072-4019	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		350.00
N 3	lame of Employer Sentara Healthcare	Occupation VP Sr Me	n edical Director	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	full Name (Last, First, Middle Initial) //s. Patricia Schmehl			Date of Receipt
N	Mailing Address 3221 Sargent Drive			10 / 22 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18695265
_	Falls Church	VA	22044-1614	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		350.00
_	lame of Employer nova Fairfax Hospital	Occupation Senior Di	rector	
F	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		350.00	
SII	BTOTAL of Receipts This Page (optional)	1		1050.00
	TAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAG			
Full Name (Last, First, Middle Initial) Mr. G. Robert Vaughan, Jr.			Date of Receipt
Mailing Address 1839 Mt. Vernon Ro	M M / D D / Y Y Y Y Y 1 1 0 2 2 2 2 0 1 0		
City	State	Zip Code	Transaction ID: 18695268
Roanoke FEC ID number of contributing federal political committee.	C	24015-2906	Amount of Each Receipt this Period 350.00
Name of Employer Carilion Clinic	Occupation Vice Pres	n sident Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Glenn Zirbser			Date of Receipt
Mailing Address 507 N Highland St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Arlington	State VA	Zip Code 22201-2037	Transaction ID: 18695699
FEC ID number of contributing federal political committee.	C	22201-2037	Amount of Each Receipt this Period 350.00
Name of Employer Inova Loudoun Hospital	Occupation Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ▼	'	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas A Kleinhanzl			Date of Receipt
Mailing Address 4306 Saratoga Spri	ings Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middletown	State MD	Zip Code 21769-8110	Transaction ID: 18695712
FEC ID number of contributing federal political committee.	C	21705-0110	Amount of Each Receipt this Period 255.00
Name of Employer Frederick Memorial Hospit- al	Occupation Presiden	n t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional	J)	_	955.00

City Owings FEC ID number of contributing federal political committee. Name of Employer Concord FEU IN ame (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) Mr. John O Wilhelm, Jr Mailing Address 133 Old Road to Nine Acre Corner City State Zip Code MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City State Zip Code NH 03301-7300 Transaction ID: 18696192 Amount of Each Receipt this Period Transaction ID: 18696192 Amount of Each Receipt this Period Transaction ID: 18696192 Amount of Each Receipt this Period Transaction ID: 18696192 Amount of Each Receipt this Period		ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
A. Mr. James J Xmis Mailling Address 8430 Meadowview Circle City State Zip Code Owings MD 20736-9502 FEC ID number of contributing federal political committee. Name of Employer Calvert Memorial Hospital Feceipt For: Primary General Other (specify) ▼ State Zip Code MA 01742-9120 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 18695720 Amount of Each Receipt his Period Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 133 Old Road to Nine Acre Corner City State Zip Code MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Date of Receipt Mailing Address 125 Airport Road City State Zip Code Senior Vice President and Chief Finance Receipt For: Primary General Other (specify) ▼ Date of Receipt Mailing Address 125 Airport Road City State Zip Code NH 03301-7300 City State Zip Code NH 03301-7300 FEC ID number of contributing federal political committee. City State Zip Code NH 03301-7300 Full Name (Last, First, Middle Initial) Milling Address 125 Airport Road City State Zip Code NH 03301-7300 Fel ID number of contributing federal political committee. City State Zip Code NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association. Receipt For: Primary General Aggregate Year-to-Date ▼ Aggrega	or for comm	ercial purposes, other than using the in PCOMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code MD 20736-9502 FEC ID number of contributing federal political committee. Name of Employer Caivert Memorial Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10 00.00 President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10 00.00 Date of Receipt Transaction ID: 186951720 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 10 00.00 Date of Receipt Mailing Address 133 Old Road to Nine Acre Corner City State Zip Code Primary General Other (specify) ▼ Amount of Each Receipt this Period Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M 1742-9120 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Transaction ID: 18696192 Amount of Each Receipt this Period Transaction ID: 18696192 Amount of Each Receipt this Period Date of Receipt M M M M M M M M M M M M M M M M M M M	Mr. Jame	es J Xinis	le		M M / D D / Y Y Y Y
Salar Sal	-	3		·	
Receipt For:			C		391.00
Malling Address 133 Old Road to Nine Acre Corner City State Zip Code MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Senior Vice President and Chief Financ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code MA 01742-9120 Full Name (Last, First, Middle Initial) City State Zip Code Man Oloo.00 Full Name (Last, First, Middle Initial) City State Zip Code Man Oloo.00 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association President and CEO Receipt For: Primary General Occupation State St	Receipt I	For:	Presiden	t and Chief Executive Office • Year-to-Date ▼ 391.00	
City State Zip Code MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City State Zip Code NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Association Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18696192 Amount of Each Receipt this Period Transaction ID: 18696192	Mr. John	O Wilhelm, Jr	Acre Corner		M M M / D D / Y Y Y Y
Concord MA 01742-9120 FEC ID number of contributing federal political committee. Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City State Zip Code NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association. Receipt For: Receipt For: Receipt For: Receipt M M M 1000.00 Date of Receipt Transaction ID: 18696192 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Occupation President and CEO Aggregate Year-to-Date ▼ Receipt For: Receipt M M M M 1000.00 Date of Receipt Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Receipt For: Receipt M M M M 1000.00 Date of Receipt Amount of Each Receipt this Period Aggregate Year-to-Date ▼	City		State	Zip Code	
Name of Employer Emerson Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City State Zip Code Concord NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General Occupation Senior Vice President and Chief Financ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18696192 Amount of Each Receipt this Period Receipt For: Aggregate Year-to-Date ▼ Occupation President and CEO Aggregate Year-to-Date ▼	<u>Concor</u>	d	MA	01742-9120	Amount of Each Receipt this Period
Senior Vice President and Chief Finance Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City Concord FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General Senior Vice President and Chief Finance Aggregate Year-to-Date Date of Receipt 1000.00 Date of Receipt Transaction ID: 18696192 Amount of Each Receipt this Period 83.3	federal p	olitical committee.	C		1000.00
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen Mailing Address 125 Airport Road City State Zip Code Concord NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General Political Committee. Primary General 1000.00 Date of Receipt Transaction ID: 18696192 Amount of Each Receipt this Period 83.3	Name of Emersor	Employer n Hospital			nc
Mr. Steve M. Ahnen Mailing Address 125 Airport Road City Concord FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary Primary Primary Primary Primary Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Pri	mary General	Aggregate		
City Concord State Vip Code NH 03301-7300 FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General State Zip Code Transaction ID: 18696192 Amount of Each Receipt this Period 83.3		,			Date of Receipt
Concord NH 03301-7300 Amount of Each Receipt this Period EC Name of Employer New Hampshire Hospital Association Receipt For: Primary General Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date	Mailing A	Address 125 Airport Road			
FEC ID number of contributing federal political committee. Name of Employer New Hampshire Hospital Association Receipt For: Primary General Primary General Receipt For: Primary General	•	ـــ		•	
sociation President and CEO Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID 1	number of contributing		03301-/300	Amount of Each Receipt this Period 83.33
Receipt For: Primary General Aggregate Year-to-Date ▼	Name of New Har sociation	Employer mpshire Hospital As-			
	Receipt I	For: mary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTA	L of Receipts This Page (optional)			1474.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD Mailing Address 2550 University Avenu City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Minnesota Hospital Association Receipt For: Primary General	ue W. State Zip Code MN 55114-1052 C Occupation Vice Pres, Regulatory/Strategic Affair Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Fenske Mailing Address 301 S. Oak Avenue S City Willamar FEC ID number of contributing	249.99 W State Zip Code MN 56201 C	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 25 2010 Transaction ID: 18696202 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify)	Occupation Chief Financial Officer Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Roger E Green Mailing Address 559 Capitol Boulevard City	I, 6-South State Zip Code	Date of Receipt M M 25 2010 Transaction ID: 18696210
Saint Paul FEC ID number of contributing federal political committee.	MN 55103-0000	Amount of Each Receipt this Period 20.83
Name of Employer HealthEast Care System Receipt For: Primary General Other (specify) ▼	Occupation Vice President Strategy, Policy and C Aggregate Year-to-Date ▼ 229.15	
	1	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 261 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Richard Kreyer		Date of Receipt
Mailing Address 2550 University Ave		10 25 2010
City Saint Paul	State Zip Code MN 55114-1052	Transaction ID: 18696212 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33114 1032	134.61
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President, Work Force	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 249.99	
Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn		Date of Receipt
Mailing Address 2550 University Ave	10 25 2010	
City	State Zip Code	Transaction ID: 18696215
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President of Information Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Ms. Peggy Westby		Date of Receipt
Mailing Address 2550 University Ave Suite 350-S	enue W.	10 25 2010
City	State Zip Code MN 55114-1052	Transaction ID: 18696217
Saint Paul FEC ID number of contributing federal political committee.	MN 55114-1052	Amount of Each Receipt this Period 134.61
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 249.99	
Other (specify)		
CURTOTAL of Provide This Provide I)) >	409.22

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 261 (check only one) X
, C	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
۹.	Full Name (Last, First, Middle Initial) Ms. Kimber L Wraalstad, FACHE		Date of Receipt
	Mailing Address 515 5th Avenue West City	State Zip Code	10 25 2010
	Grand Marais	MN 55604-3017	Transaction ID: 18696218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Cook County North Shore Hospital	Occupation Adminstrator and Chief Executive Off	iic
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson	I.	Date of Receipt
	Mailing Address P O Box 1659		10 25 7 2010
	City	State Zip Code	Transaction ID: 18696874
	Longmont FEC ID number of contributing federal political committee.	CO 80502-1659	Amount of Each Receipt this Period
	Name of Employer Longmont United Hospital	Occupation President and Chief Executive Officer	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 261.25	
. –	Full Name (Last, First, Middle Initial) Dr Jodi Chambers, MD		Date of Receipt
	Mailing Address 4231 West 16th Aven	ue	10 25 7 2010
	City Denver	State Zip Code CO 80204-1335	Transaction ID: 18696879
	FEC ID number of contributing federal political committee.	CO 80204-1335	Amount of Each Receipt this Period 250.00
	Name of Employer St. Anthony Central Hospi- tal	Occupation Chief Medical Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .		511.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. George E Hayes		Date of Receipt
Mailing Address 2500 Rocky Mountain A	Avenue	10 25 2010
City	State Zip Code	Transaction ID: 18696880
Loveland	CO 80538-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Medical Center of the Roc-	Occupation	
kies	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Mr. Gerald R. Sprong		Date of Receipt
Mailing Address 4201 Hidden Valley Dri	ve	M M / D D / Y Y Y Y
City	State Zip Code	1 0 2 7 2 0 1 0 Transaction ID: 18696907
Saint Joseph	MO 64506-2198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Heartland Health	Occupation Board Member	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE		Date of Receipt
Mailing Address 903 Shore Drive		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18696952
Cape May	NJ 08204-2234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Cape Regional Medical Cen- ter	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	······	795.00

Livingston FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John A Fromhold Mailing Address 333 East Main Street, Suite 3	and address of any political committee to s	Date of Receipt 1 0 2 2 2 2 0 1 0 Transaction ID: 18696958
Mr. Ronald J Del Mauro Mailing Address 94 Old Short Hills Road City St Livingston N FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John A Fromhold Mailing Address 333 East Main Street, Suite 3 City St Louisville K		1 0 2 2 2 2 0 1 0 Transaction ID: 18696958
FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. John A Fromhold Mailing Address 333 East Main Street, Suite 3 City Street City Street Contributing	J 07039-5672	Amount of Each Descipt this Pariod
nter Receipt For: Primary		Amount of Each Receipt this Period 500.00
Mr. John A Fromhold Mailing Address 333 East Main Street, Suite 3 City St Louisville K FEC ID number of contributing	sident and Chief Executive Officer gregate Year-to-Date ▼	-
Louisville K	300	Date of Receipt
FEC ID number of contributing	ate Zip Code	Transaction ID: 18696964
	Y 40202-1256	Amount of Each Receipt this Period
		500.00
Marit Haalth 'Svetame	upation nior Executive Vice President and C) h
Receipt For: Primary General Other (specify) ▼	gregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John T Gribbin, FACHE		Date of Receipt
Mailing Address 901 West Main Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St	ate Zip Code	Transaction ID: 18696969
Freehold N	J 07728-2537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
CentraState Healthcare Sy- stem Pre	sident and Chief Executive Officer]
Receipt For: Primary General Other (specify)	gregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

	JLE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
or for comme	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	an Hospital Association PAC e (Last, First, Middle Initial)			
Mr. Fred H	Hipp, Jr.			Date of Receipt
City		State	Zip Code	1 0 2 2 2 0 1 0 Transaction ID: 18696971
<u>Hainesp</u>	port	NJ	08036-3610	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		500.00
Name of Virtua He	Employer ealth	Occupatio Vice Pres		
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
Mr. Sean	e (Last, First, Middle Initial) J. Hopkins	Date of Receipt		
Mailing A	Mailing Address 6180 Lower Mountain Road			10 / 22 / 2010
City		State	Zip Code	Transaction ID: 18696972
New Ho	ppe	PA	18938-5760	Amount of Each Receipt this Period
	number of contributing plitical committee.	C		329.57
Name of New Jers iation	Employer sey Hospital Assoc-	Occupatio Sr. VP.,	n Health Economics	
Receipt F		Aggregate	e Year-to-Date ▼	
	mary General ner (specify) ▼		608.35	
	e (Last, First, Middle Initial) ghazehe, PhD, FACHE			Date of Receipt
	ddress 750 Brunswick Avenue			10 22 2010
City		State	Zip Code	Transaction ID: 18696983
<u>Trenton</u>		NJ	08638-4143	Amount of Each Receipt this Period
	number of contributing plitical committee.	С		1369.00
Name of Capital H			ecutive Officer	
	mary General	Aggregate	e Year-to-Date ▼ 1369.00	7
Oth	ner (specify) 🔻	0 0		_
1				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∆ .	Full Name (Last, First, Middle Initial) Mr. John P McGee Mailing Address 60 Old Mill Road City Holmdel FEC ID number of contributing federal political committee. Name of Employer Solaris Health System	State NJ C		Date of Receipt M M M / 22 / 2010 Transaction ID: 18696987 Amount of Each Receipt this Period 500.00
_	Receipt For: Primary General Other (specify) ▼		at and Chief Executive Office Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Ms. Audrey Meyers Mailing Address 223 North Van Dien A	venue		Date of Receipt 1 0 2 2 2 2 1 0 1 0
	City	State	Zip Code	Transaction ID: 18696989
	Ridgewood	NJ	07450-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Valley Health System	Occupation Presiden	n It and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Mr. Mark D Pilla			Date of Receipt
	Mailing Address 95 Old Short Hills Roa	ıd		10 22 2010
	City	State	Zip Code	Transaction ID: 18696997
	West Orange	NJ	07052-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Barnabas Health Care System		e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
t	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11 for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq. Mailing Address 4 Brookside Drive		Date of Receipt
	7.0	10 22 2010
City Bordentown	State Zip Code NJ 08505-4439	Transaction ID: 18697001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer New Jersey Hospital Assoc- iation Receipt For:	Occupation President & Chief Executive Officer	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Mr. David P Tilton		Date of Receipt
Mailing Address 2500 English Creek	Avenue, Buildin	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18697008
Egg Harbor Townshi	NJ 08234-5549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AtlantiCare	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Claudio D Fort		Date of Receipt
Mailing Address 189 Prouty Drive		10 29 2010
City	State Zip Code	Transaction ID: 18697148
Newport	VT 05855-9326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer North Country Hospital and Health Cent	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	l)	1350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for eacl	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 42 / 261 (check only one) X 11a 11b 11c 12 15 16 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be so a name and address of an	ld or used by any person ly political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Anne E. Cramer Mailing Address 153 Packard Road City Jericho FEC ID number of contributing federal political committee. Name of Employer Vermont Association of Ho-	State Zip C VT 0546 C	ode 5-2025	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Vermont Association of Hospitals & Hea Receipt For: Primary General Other (specify) ▼	Legal Counsel VT Aggregate Year-to-D		_
Full Name (Last, First, Middle Initial) Ms. Judith C Tarr Mailing Address P O Box 547			Date of Receipt 1 0 2 9 2 0 1 0
City	State Zip C	ode	Transaction ID: 18700905
<u>Barre</u>	VT 0564	1-0547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Central Vermont Medical Center	Occupation President and Chi	ef Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	350.00	
Full Name (Last, First, Middle Initial) Mr. James Staten			Date of Receipt
Mailing Address 789 Howard Avenue			10 29 7 4 4 4 4
City New Haven	State Zip C CT 0651	ode 9-1304	Transaction ID: 18700961
FEC ID number of contributing federal political committee.	C 0651	3 1007	Amount of Each Receipt this Period 350.00
Name of Employer Yale New Haven Health Sys- tem	Occupation Executive Vice Pro	esident Corporate an	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	350.00	
SUBTOTAL of Receipts This Page (optional) .	•		1050.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	or for commercial purposes, other than using the	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Robert E Smanik, FACHE	Date of Receipt	
	Mailing Address P O Box 6001 City	State Zip Code	1 0 2 9 2 0 1 0 Transaction ID: 18700964
	Putnam	CT 06260-0901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Day Kimball Hospital	Occupation President and Chief Executive Officer	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Frank R. Brownell, III		Date of Receipt
	Mailing Address Post Office Box 76 100 North 10th Street		10 26 2010
	City	State Zip Code	Transaction ID: 18700996
	Montezuma FEC ID number of contributing federal political committee.	IA 50171-0076	Amount of Each Receipt this Period 750.00
	Name of Employer Grinnell Regional Medical Center	Occupation Trustee	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
 }.	Full Name (Last, First, Middle Initial) Mr. Peter W Thoreen, FACHE		Date of Receipt
	Mailing Address 2720 Stone Park Bou	10 26 7 2010	
	City	State Zip Code	Transaction ID: 18700997
	Sioux City	IA 51104-3795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	750.00
	Name of Employer St. Luke's Regional Medic- al Center	Occupation President and Chief Executive Officer	<u>r_</u>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	OUDTOTAL of Descripto This Descriptoral)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. J. Kirk Norris Mailing Address 5055 Upper Creek Dri	ive	Date of Receipt
City	State Zip Code	1 0 2 6 2 0 1 0 Transaction ID: 18700998
Pleasant Hill	IA 50327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer lowa Hospital Association	Occupation President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	750.00	
Full Name (Last, First, Middle Initial) Mr. John E Knox, FACHE	•	Date of Receipt
Mailing Address 1825 Logan Avenue		10 26 2010
City Waterloo	State Zip Code IA 50703-1916	Transaction ID: 18700999
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 550.00
Name of Employer Allen Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Mr. William B Leaver	•	Date of Receipt
Mailing Address 1200 Pleasant Street		10 26 2010
City Des Moines	State Zip Code IA 50309-1406	Transaction ID: 18701000
FEC ID number of contributing federal political committee.	C 30303-1400	Amount of Each Receipt this Period 550.00
Name of Employer Iowa Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional) .	·	1850.00
TOTAL This Period (last page this line numbe	· ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 261 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Theodore E Townsend, FACHE Mailing Address 1795 Highway 64 Eas City Anamosa FEC ID number of contributing federal political committee. Name of Employer Jones Regional Medical Center Receipt For: Primary General Other (specify)	State IA C Occupation President	Zip Code 52205-2112 n t and Chief Executive Officer Year-to-Date 550.00	Date of Receipt M M M / 26 / 2010 Transaction ID: 18701027 Amount of Each Receipt this Period 550.00
Full Name (Last, First, Middle Initial) Mr. Russell M Knight Mailing Address 250 Mercy Drive City Dubuque FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Dubuque Receipt For: Primary General Other (specify)	, '	Zip Code 52001-7320 n t and Chief Executive Officer Year-to-Date ▼ 500.00	Date of Receipt M M M / 26 / 2010 Transaction ID: 18701028 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Dale Andres, DO Mailing Address 1111 6th Avenue City Des Moines FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Des Moines Receipt For: Primary General Other (specify)	1	Zip Code 50314-2610 n ce President Medical Affairs Year-to-Date 500.00	Date of Receipt M M M / 26 / 2010 Transaction ID: 18701029 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)			1550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any persol name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, FACHE Mailing Address 2701 17th Street City Rock Island FEC ID number of contributing federal political committee. Name of Employer Trinity Medical Center Receipt For: Primary General Other (specify)	State Zip Code IL 61201-5351 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y 1 0 26 2010 Transaction ID: 18701030 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Larry W Sellers, MD Mailing Address P O Box 3168 City Sioux City FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Sioux City Receipt For: Primary General Other (specify)	State Zip Code IA 51102-3168 C Occupation Chief Medical Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. David H Vellinga, FACHE Mailing Address 1111 6th Avenue City Des Moines FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center-Des Moines Receipt For: Primary General Other (specify)	State Zip Code IA 50314-2613 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M / D D D / Y Y Y Y Y 1 0 26 / 2010 Transaction ID: 18701051 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	
Full Name (Last, First, Middle Initial) Dr. Thomas C Evans, M.D. Mailing Address 1200 Pleasant Street City Des Moines	State Zip Code IA 50309-1453	Date of Receipt M M M
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Iowa Health System Receipt For: Primary General Other (specify) ▼	Occupation Vice President and Chief Medical Office Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Ms. Shannon Strickler Mailing Address 1403 66th Street		Date of Receipt 10 26 2010
City	State Zip Code	Transaction ID: 18701053
Windsor Heights	IA 50324-1722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Iowa Hospital Association	Occupation Director, Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John C Sheehan Mailing Address P O Box 3026		Date of Receipt 1 0 2 6 2 0 1 0
City	State Zip Code	Transaction ID: 18701054
Cedar Rapids	IA 52406-3026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Luke's Hospital	Occupation Executive Vice President and COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy L Charles	Date of Receipt		
	Mailing Address 701 Tenth Street SE			10 26 2010
	City Cedar Rapids	State IA	Zip Code 52403-1251	Transaction ID: 18701055 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Suku Radia	Date of Receipt		
	Mailing Address 4800 Stonebridge Circ	10 26 2010		
	City	State	Zip Code	Transaction ID: 18701065
	West Des Moines FEC ID number of contributing federal political committee.	C	50265-2982	Amount of Each Receipt this Period 500.00
	Name of Employer Mercy Medical Center	Occupation Chief Fin	n ancial Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) Mr. Gary S. Kahn			Date of Receipt
	Mailing Address 1104 S. 5th Ave. W.	Mailing Address 1104 S. 5th Ave. W.		
	City	State	Zip Code	Transaction ID: 18701066
	Newton FEC ID number of contributing federal political committee.	C	50208-3511	Amount of Each Receipt this Period 500.00
	Name of Employer Skiff Medical Center	Occupation Trustee	1	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number		<u> </u>	

ITEMIZED RECEIP	TS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from sor for commercial purposes, of NAME OF COMMITTEE American Hospital As	other than using the name and a (In Full)	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Mid Mr. Douglas P Cropper Mailing Address 1227	East Rusholme Street		Date of Receipt M M A A D D A A D A D A D A D A D A D A
City	State	Zip Code	Transaction ID: 18701067
Davenport FEC ID number of contrib federal political committee		52803-2459	Amount of Each Receipt this Period 500.00
Name of Employer Genesis Health System Receipt For: Primary Other (specify) ▼		xecutive Officer te Year-to-Date ▼ 500.00	
Full Name (Last, First, Mid Mr. James G FitzPatrick, , F Mailing Address 1000	ACHE		Date of Receipt 10 26 2010
City	State	Zip Code	Transaction ID: 18701068
Mason City	IA	50401-2800	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	uting		500.00
Name of Employer Mercy Medical Center-No lowa Receipt For: Primary Gi	Preside	nt and Chief Executive Office te Year-to-Date ▼	r
Other (specify) ▼		500.00	
Full Name (Last, First, Mid Mr. Dennis A. White	ddle Initial)		Date of Receipt
Suite			10 26 7 2010
City	State IA	Zip Code	Transaction ID: 18701069
Des Moines FEC ID number of contrib federal political committee	uting	50309-1835	Amount of Each Receipt this Period 500.00
Name of Employer lowa Hospital Association	Occupati Senior V	ion Vice President	
Receipt For: Primary Ge Other (specify) ▼		te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts Th	s Page (optional)	_	1500.00

(check only one) X 11a 11b 11c 12 13 14 15 16 1
n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt
10 26 2010
Transaction ID: 18701083 Amount of Each Receipt this Period
500.00
Date of Receipt
10 26 2010
Transaction ID: 18701084
Amount of Each Receipt this Period 500.00
id
Date of Receipt
10 26 2010
Transaction ID: 18701085
Amount of Each Receipt this Period 500.00
_
1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Mr. Art J. Spies			Date of Receipt
	Mailing Address 100 E. Grand Ave. Suit	te 100		10 26 2010
	City <u>Des Moines</u>	State IA	Zip Code 50309-1800	Transaction ID: 18701086 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer lowa Hospital Association	Occupatio Senior V	n ice President, Membership S	ov¢s
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Ms. Maureen Keehnle			Date of Receipt
	Mailing Address 100 East Grand Avenu Suite 100	e		10 26 2010
	City Dec Maines	State IA	Zip Code	Transaction ID: 18701087
	Des Moines FEC ID number of contributing federal political committee.	C	50309-1817	Amount of Each Receipt this Period 500.00
	Name of Employer Iowa Hospital Association	Occupatio Vice Pre	n sident and General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Steven P Baumert Mailing Address P O Box 2C			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18701104
	Council Bluffs FEC ID number of contributing federal political committee.	C	51502-3002	Amount of Each Receipt this Period 500.00
	Name of Employer Jennie Edmundson Hospital	Occupatio Presiden	n t and Chief Executive Officer	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)			1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the (Check only one)
	or for commercial purposes, other than using the	Statements may not be sold or used e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Marilyn E. Kaptain-Dahlen		Date of Receipt
	Mailing Address 801 15th Street Box 203		10 26 2010
	City Sioux City	State Zip Code IA 51105-1502	Transaction ID: 18701105 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 31103-1302	500.00
	Name of Employer Mercy Medical Center-Sioux City	Occupation Vice President, Regionaliz	ation
	Receipt For: Primary General Other (specify)	1 1	500.00
– В.	Full Name (Last, First, Middle Initial) Mr. Mark D Richardson, FACHE		Date of Receipt
	Mailing Address 1221 South Gear Ave	enue	10 26 2010
	City	State Zip Code	Transaction ID: 18701106
	West Burlington FEC ID number of contributing federal political committee.	IA 52655-1681	Amount of Each Receipt this Period 500.00
	Name of Employer Great River Medical Center	Occupation President and Chief Execu	itive Officer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
с. С.	Full Name (Last, First, Middle Initial) Ms. Sandra L. McIntosh, RN, MA, CN		Date of Receipt
	Mailing Address 1208 Woodland Dr. S	E	10 26 2010
	City	State Zip Code	Transaction ID: 18701107
	Cedar Rapids FEC ID number of contributing federal political committee.	IA 52403-9076	Amount of Each Receipt this Period 375.00
	Name of Employer St. Luke's Hospital	Occupation Director, Emergency Medic	cal/Surgical
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	375.00
	SUBTOTAL of Receipts This Page (optional)	1	1375.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary S Wells, RN Mailing Address P O Box 148		Date of Receipt
		10 26 2010
City <u>Sumner</u>	State Zip Code IA 50674-0148	Transaction ID: 18701108 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Community Memorial Hospit- al	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. C James Platt		Date of Receipt
Mailing Address P O Box 174		10 26 2010
City	State Zip Code	Transaction ID: 18701129
Fort Madison	IA 52627-0174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Fort Madison Community Ho- spital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Philip Peterson		Date of Receipt
Mailing Address 701 Tenth Street SE		M M / D D / Y Y Y Y Y Y 1 D D / 26 2010
City Cedar Rapids	State Zip Code IA 52403-1292	Transaction ID: 18701130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Mercy Medical Center	Occupation Executive Vice President and Chief Fin	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	950.00

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or used by any persolusing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) Mr. Jay Christensen, FACHE		Date of Receipt
Mailing Address 1229 'C' Avenu	State Zip Code	10 26 2010
Oskaloosa	IA 52577-4246	Transaction ID: 18701131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer Mahaska Health Partnership	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson, FACHE Mailing Address 1 St Joseph's I		Date of Receipt
· -		10 26 2010
Contonille	State Zip Code IA 52544-9017	Transaction ID: 18701132
Centerville FEC ID number of contributing federal political committee.	IA 52544-9017	Amount of Each Receipt this Period 275.00
Name of Employer Mercy Medical Center-Cent- erville	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Ms. Joan Bierman		Date of Receipt
Mailing Address 300 Sioux Valle	ey Drive	10 26 YYYYY 2010
City	State Zip Code	Transaction ID: 18701133
Cherokee	IA 51012-1205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	262.50
Name of Employer Cherokee Regional Medical Center	Occupation Vice President Finance	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	262.50	
SUBTOTAL of Receipts This Page (or	otional)	812.50
	e number only)	

City State Zip Code IA 52722-6577 REC ID number of contributing federal political committee. Name of Employer Genesis Medical Center-Davenport. Receipt For: Primary	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Mailing Address 4827 School House Rd City State Zip Code IA 52722-6577 FEC ID number of contributing federal political committee. Name of Employer Genesis Medical Center-Davenport Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Ms. Pamela K Delagardelle Mailing Address 201 East 'J' Avenue City State Zip Code IA 50638-2028 FEC ID number of contributing federal political committee. City State Zip Code IA 50638-2028 Full Name (Last, First, Middle Initial) Receipt For: Primary General Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Committee. City State Zip Code IA 52531-8793 Full Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City State Zip Code IA 52531-8793 FEC ID number of contributing federal political committee. City State Zip Code IA 52531-8793 FEC ID number of contributing federal political committee. City Albia IA 52531-8793 FEC ID number of contributing federal political committee. City Albia IA 52531-8793 FEC ID number of contributing federal political committee. City Albia IA 52531-8793 FEC ID number of contributing federal political committee. City Albia IA 52531-8793 FEC ID number of contributing federal political committee. City Albia IA 52531-8793 Amount of Each Receipt this Transaction ID: 18701142 Amount of Each Receipt this Transaction ID: 18701142 Amount of Each Receipt this Transaction ID: 18701142 Amount of Each Receipt Time Tran	or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Bettendorf IA 52722-6577 FEC ID number of contributing federal political committee. Name of Employer Genesis Medical Center-Davenord Receipt For: Primary General	Mr. Robert C Travis Mailing Address 4827 School House Rd	Stato Zin Codo	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Genesis Medical Center-Davenoort Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Pamela K Delagardelle Mailing Address 201 East 'J' Avenue City State Zip Code Grundy Center IA 50638-2028 FEC ID number of contributing federal political committee. Name of Employer Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City State Zip Code Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Times Amount of Each Receipt this Transaction ID: 18701141 Amount of Each Receipt this Date of Receipt Times Amount of Each Receipt In	-		
venport Receipt For:	FEC ID number of contributing		262.50
Ms. Pamela K Delagardelle Mailing Address 201 East 'J' Avenue City Grundy Center IA 50638-2028 Transaction ID: 18701141 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City Albia FEC ID number of contributing federal political committee. City Albia FEC ID number of contributing federal political committee. City Albia FEC ID number of contributing federal political committee. City Albia FEC ID number of contributing federal political committee. City Albia FEC ID number of Contributing federal political committee. City Albia FEC ID number of Contributing federal political committee. City Amount of Each Receipt this City Amount of Each Receipt this FEC ID number of Contributing federal political committee. City Amount of Each Receipt this City Amount of Each Receipt this FEC ID number of Contributing federal political committee. Aggregate Year-to-Date ▼	venport Receipt For: Primary General	VP of Strategic Development Aggregate Year-to-Date ▼	
City State Zip Code IA 50638-2028 FEC ID number of contributing federal political committee. Name of Employer Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ City Mailing Address 6580 165th Street City State Zip Code Transaction ID: 18701142 Albia IA 52531-8793 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this Date of Receipt Transaction ID: 18701141 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this Date of Receipt Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code Transaction ID: 18701142 Amount of Each Receipt this	Ms. Pamela K Delagardelle		M M / D D / Y Y Y Y
Grundy Center IA 50638-2028 FEC ID number of contributing federal political committee. Name of Employer Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ City State Zip Code IA 52531-8793 FEC ID number of contributing federal political committee. Primary General Other Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 18701142 Amount of Each Receipt this City State Zip Code IA 52531-8793 FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Chief Executive Officer Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼	City	State Zip Code	
FEC ID number of contributing federal political committee. Name of Employer Grundy County Memorial Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City State Zip Code IA 52531-8793 FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Name of Employer Monroe County Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	•	•	Amount of Each Receipt this Period
Spital Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mill Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City Albia FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Cities Executive Officer Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	FEC ID number of contributing		250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City State Zip Code IlA 52531-8793 FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Primary General 250.00 Date of Receipt M M M / D D D / Y IIIIIIIIIIIIIIIIIIIIIIIIIII	<u>spital</u>	Chief Executive Officer	
Mr. Gregory A Paris, FACHE Mailing Address 6580 165th Street City State Zip Code Albia IA 52531-8793 FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Date of Receipt Transaction ID: 18701142 Amount of Each Receipt this	Primary General		
City State Zip Code Transaction ID: 18701142 Albia IA 52531-8793 FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Mr. Gregory A Paris, FACHE		Date of Receipt
Albia IA 52531-8793 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Amount of Each Receipt this C Aggregate Year-to-Date ▼	Mailing Address 6580 165th Street		
FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Coccupation Chief Executive Officer Aggregate Year-to-Date	City	State Zip Code	Transaction ID: 18701142
To the federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Occupation Chief Executive Officer Aggregate Year-to-Date ▼	Albia	IA 52531-8793	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 750.00		C	250.00
Primary General		Chief Executive Officer	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		762.50

ate Zip Code Suppation ministrator and Chief Executive Of gregate Year-to-Date 250.00 250.00	Date of Receipt Date of Receipt Transaction ID: 18701143 Amount of Each Receipt this Period 250.00 Transaction ID: 18701144 Amount of Each Receipt this Period 250.00
tupation ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Transaction ID: 18701143 Amount of Each Receipt this Period 250.00 Transaction ID: 18701144 Amount of Each Receipt this Period
tupation ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Transaction ID: 18701143 Amount of Each Receipt this Period 250.00 Transaction ID: 18701144 Amount of Each Receipt this Period
tupation ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Transaction ID: 18701143 Amount of Each Receipt this Period 250.00 Transaction ID: 18701144 Amount of Each Receipt this Period
tupation ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Amount of Each Receipt this Period 250.00 ffi Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
upation ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ministrator and Chief Executive Of gregate Year-to-Date ▼ 250.00 ate Zip Code	Date of Receipt M M M
250.00 ate Zip Code	Transaction ID: 18701144 Amount of Each Receipt this Period
·	Transaction ID: 18701144 Amount of Each Receipt this Period
·	Transaction ID: 18701144 Amount of Each Receipt this Period
·	Amount of Each Receipt this Period
30030-4090	
erupation ef Executive Officer	
gregate Year-to-Date ▼ 250.00	
	Date of Receipt
	10 26 2010
ate Zip Code	Transaction ID: 18701150
51401-0628	Amount of Each Receipt this Period
	250.00
•	r
	- I
	ecupation resident and Chief Executive Office agregate Year-to-Date

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. A. James Tinker			Date of Receipt
	Mailing Address 701 Tenth Street SE		7.0.1	10 26 2010
	City Cedar Rapids	State IA	Zip Code 52403-1251	Transaction ID: 18701151
	FEC ID number of contributing federal political committee.	C	J2403-1231	Amount of Each Receipt this Period 250.00
	Name of Employer Mercy Medical Center	Occupation Presiden	on It and Chief Executive Office	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. John M Comstock Mailing Address 300 Sioux Valley Drive			Date of Receipt
	Mailing Address 300 Sloux Valley Drive)		10 26 2010
	City	State	Zip Code	Transaction ID: 18701152
	Cherokee	<u>IA</u>	51012-1205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cherokee Regional Medical Center	Occupation Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Todd C Linden	1		Date of Receipt
	Mailing Address 210 Fourth Avenue			10 26 2010
	City	State	Zip Code	Transaction ID: 18701153
	Grinnell FEC ID number of contributing federal political committee.	C	50112-1886	Amount of Each Receipt this Period 250.00
	Name of Employer Grinnell Regional Medical	Occupation		_
	Center Receipt For:		t and Chief Executive Office e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	250.00	
Г		1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lon D Butikofer, RN, PhD Mailing Address P O Box 359 City Manchester FEC ID number of contributing federal political committee. Name of Employer Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code IA 52057-0359 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Francis G Tramp Mailing Address 1600 Diamond Street City Onawa FEC ID number of contributing federal political committee. Name of Employer Burgess Health Center Receipt For: Primary General Other (specify)	State Zip Code IA 51040-1548 C Occupation President Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 6 2 0 1 0 Transaction ID: 18701163 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Allen E Pohren Mailing Address P O Box 498 City Red Oak FEC ID number of contributing federal political committee. Name of Employer Montgomery County Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code IA 51566-0498 C Occupation Administrator Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael T Donlin, FACHE Mailing Address 714 Lincoln Street NE		Date of Receipt 10 26 2010
City	State Zip Code IA 51031-3314	Transaction ID: 18701165
Le Mars FEC ID number of contributing federal political committee.	IA 51031-3314	Amount of Each Receipt this Period 250.00
Name of Employer Floyd Valley Hospital/Ave- ra Health Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael D Myers Mailing Address 40 First Street SE		Date of Receipt 1 0 2 6 2 0 1 0
City	State Zip Code	Transaction ID: 18701166
<u>Waukon</u>	IA 52172-2022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Veterans Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Kim Price		Date of Receipt
Mailing Address 110 Woodland Dr		10 26 2010
City	State Zip Code	Transaction ID: 18701167
Forest City	IA 50436-2418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Medical Center-North lowa	Occupation Director, Clinics	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions
American Hospital Association PAC		committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN Mailing Address 390 NB 50 Newton Road City Iowa City FEC ID number of contributing federal political committee.	State Zip Code IA 52242-9296 C Occupation	Date of Receipt M M A 26 2010 Transaction ID: 18701176 Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa Hospit- als and Clini Receipt For: Primary General Other (specify) ▼	Professor-Clinical Aggregate Year-to-Date ▼	325.00
Full Name (Last, First, Middle Initial) Mr. Michael D Trachta, FACHE Mailing Address 701 Tenth Street SE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18701177
Cedar Rapids	IA 52403-1251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Medical Center	Occupation Executive Vice President	and Chief Ope
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Ms. Toni Ebeling, RN		Date of Receipt
Mailing Address 1000 Fourth Street SV	1	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18701178
Mason City FEC ID number of contributing federal political committee.	IA 50401-2800	Amount of Each Receipt this Period 250.00
Name of Employer Mercy Medical Center-North Iowa	Occupation Vice President Patient Se	rvices and Ch
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 261 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may	y not be sold or used by any perso	13 14 15 16 on for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC		dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			Date of Descript
Mr. Scott A Curtis Mailing Address 1515 South Phillips	Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18701179
Algona	IA	50511-3649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kossuth Regional Health Center	Occupation Administr	n rator and Chief Executive Of	 fi
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)	33 13416	250.00	
Full Name (Last, First, Middle Initial) Mr Joseph LeValley			Date of Receipt
Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18701180
Des Moines	IA	50314-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Medical Center-Des Moines	Occupation Senior Vi	n ce President Planning	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Brian Dieter			Date of Receipt
Mailing Address 1111 Duff Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18701194
Ames	IA	50010-5745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mary Greeley Medical Cent- er	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Theresa Wahlig Mailing Address 300 Walnut St Unit 59 City Des Moines FEC ID number of contributing federal political committee. Name of Employer Mercy Medical Center - West Lakes Receipt For:	State Zip Code IA 50309-2240 C Occupation Trustee Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 6 / 2 0 1 0 Transaction ID: 18701195 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jeffrey M Cooper	250.00	Date of Receipt
Mailing Address 1118 11th Street City De Witt FEC ID number of contributing federal political committee. Name of Employer Genesis Medical Center, DeWitt Receipt For: Primary General Other (specify) ▼	State Zip Code IA 52742-1353 C Occupation President Aggregate Year-to-Date 250.00	Transaction ID: 18701196 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms Donna J Vandehaar, , R.N. Mailing Address 610 10th Street City Perry FEC ID number of contributing federal political committee. Name of Employer Dallas County Hospital Receipt For: Primary General Other (specify)	State Zip Code IA 50220-2221 C Occupation Chief Clinical Director Aggregate Year-to-Date 250.00	Date of Receipt M M C 26 2010 Transaction ID: 18701197 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 261 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any persor name and address of any political committee to s	of or the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Carol E. Twedt Mailing Address 4344 Pine Ridge Trail N City Iowa City FEC ID number of contributing federal political committee. Name of Employer Mercy Iowa City Receipt For: Primary General Other (specify)	State Zip Code IA 52240-7830 C Occupation Director, Clinical Information Service Aggregate Year-to-Date 250.00	Date of Receipt M M Z G Z D 1 O Transaction ID: 18701198 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Marie E Knedler, RN Mailing Address P O Box 1C City Council Bluffs FEC ID number of contributing federal political committee. Name of Employer Alegent Health Mercy Hospital Receipt For: Primary General Other (specify)	State Zip Code IA 51502-3001 C Occupation Vice President and Chief Operating Of Aggregate Year-to-Date 250.00	Date of Receipt M M M / 26 / 2010 Transaction ID: 18701221 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr Jim Lehman Mailing Address 3090 Lundy Ln City Bettendorf FEC ID number of contributing federal political committee. Name of Employer Genesis Medical Center-Davenport Receipt For: Primary General Other (specify)	State Zip Code IA 52722-3975 C Occupation Vice President, Quality Aggregate Year-to-Date 250.00	Date of Receipt M M M / 26 / 2010 Transaction ID: 18701222 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr Robert McQuillen		Date of Receipt
	Mailing Address 1078 Cedar Ridge Ct.	7.0.1	10 26 2010
	City Peosta	State Zip Code IA 52068	Transaction ID: 18701223
	FEC ID number of contributing federal political committee.	C 32000	Amount of Each Receipt this Period 250.00
	Name of Employer Mercy Medical Center-Dubu- que	Occupation Trustee	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Jack Dusenbery		Date of Receipt
	Mailing Address 3421 West Ninth Stree	et .	10 26 2010
	City	State Zip Code	Transaction ID: 18701224
	Waterloo	IA 50702-5499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Covenant Medical Center	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Kenneth Croken		Date of Receipt
	Mailing Address 1227 E Rusholme St		10 26 2010
	City	State Zip Code	Transaction ID: 18701225
	Davenport FEC ID number of contributing federal political committee.	IA 52803-2459	Amount of Each Receipt this Period 250.00
	Name of Employer Genesis Medical Center-Da- venport	Occupation Vice President Corporate Communic	cation
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 261 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr William Langley Mailing Address 128 Fernwood Ave.			Date of Receipt
City <u>Davenport</u> FEC ID number of contributing	State IA	Zip Code 52803-3605	1 0 2 6 2 0 1 0 Transaction ID: 18701228 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)		n Executive Director 9 Year-to-Date ▼ 250.00	230.00
Full Name (Last, First, Middle Initial) Mr. Wayne A. Smith Mailing Address 1280 South Govern	nors Avenue		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18704178
Dover FEC ID number of contributing federal political committee.	C	19904-4802	Amount of Each Receipt this Period 500.00
Name of Employer Delaware Healthcare Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Presiden Aggregate		
Full Name (Last, First, Middle Initial) Ms. Penny Brooke			Date of Receipt
Mailing Address 2879 Jennie Lane			11 02 7 2010
City <u>Sa</u> lt Lake City	State UT	Zip Code 84117-5513	Transaction ID: 18717193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5.00
Name of Employer Intermountain Healthcare, Inc. Receipt For:	Occupatio Trustee		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 355.00	
SUBTOTAL of Receipts This Page (optional	al)		755.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Paul J. DellaRocco Mailing Address 30 Warren Street City Boston FEC ID number of contributing federal political committee. Name of Employer Franciscan Hospital for Children Receipt For: Primary General	State Zip Code MA 02135-3602 C Occupation President & CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Ms. Bernadine Marcuccilli Wallace Mailing Address 1003 Overlook Road	500.00	Date of Receipt 1 1 0 3 2 0 1 0
City	State Zip Code	Transaction ID: 18719470
Marion FEC ID number of contributing federal political committee. Name of Employer	IN 46952-1330 C Occupation	Amount of Each Receipt this Period 250.00
Marion General Hospital Receipt For: Primary General Other (specify)	CNO/COO Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James D. Bickel		Date of Receipt
Mailing Address 4370 Washington Stre	eet	11 03 2010
City	State Zip Code IN 47203-1139	Transaction ID: 18719473
Columbus FEC ID number of contributing federal political committee.	IN 47203-1139	Amount of Each Receipt this Period 250.00
Name of Employer Columbus Regional Hospital	Occupation President/CEO	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
-		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any pers name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. David R Doerr		Date of Receipt
Mailing Address 1606 North Seventh St	reet	1 1 0 3 2 0 1 0
City	State Zip Code	Transaction ID: 18719475
Terre Haute	IN 47804-2706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Union Hospital	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Robert J Brody		Date of Receipt
Mailing Address 8111 South Emerson A	venue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18719477
<u>Indianapolis</u>	IN 46237-8601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Franciscan St. Francis He- alth - Indian	Occupation President and Chief Executive Office	er
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John A. Griep, M.D.		Date of Receipt
Mailing Address P.O. Box 1220		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18719496
Valparaiso	IN 46384-1220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer St. Catherine Hospital	Occupation Director of Medical Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		1150.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAGE	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Buchanan, MD Mailing Address 2653 County Road City	60 State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Auburn FEC ID number of contributing federal political committee.	IN 46706-9511	Amount of Each Receipt this Period 500.00
Name of Employer Fort Wayne Medical Educat- ion Program Receipt For: Primary General Other (specify) ▼	Occupation CEO Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Gregory W Lintjer Mailing Address 53308 Monticola La	ane	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18719527
Bristol FEC ID number of contributing federal political committee.	IN 46507-9692	Amount of Each Receipt this Period 500.00
Name of Employer Elkhart General Healthcare System Receipt For: Primary General Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Ms. Karen Porter Mailing Address 13556 Ashbury Driv	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18719558
Carmel FEC ID number of contributing federal political committee.	IN 46032-8225	Amount of Each Receipt this Period 250.00
Name of Employer St. Vincent Health	Occupation System VP & Chief Planning Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 261 (check only one) X
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Ms. Trina Marlatt Mailing Address 3654 N. 850 E.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State IN	Zip Code	Transaction ID: 18719570
	Attica FEC ID number of contributing federal political committee.	C	47918-8041	Amount of Each Receipt this Period 250.00
	Name of Employer St. Vincent Williamsport Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼		sing Officer Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Francis G Albarano Mailing Address P O Box 407	L		Date of Receipt 1 1 0 3 2 0 1 0
	City	State	Zip Code	Transaction ID: 18719619
	Winchester	IN	47394-0407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Vincent Randolph Hosp- ital	Occupation Administr		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
_ :	Full Name (Last, First, Middle Initial) Ms. Heather Drevna	<u> </u>		Date of Receipt
	Mailing Address 3205 Ravensworth PL			1 1 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 18722633
	Alexandria FEC ID number of contributing	VA	22302-2107	Amount of Each Receipt this Period 350.00
	federal political committee.	C		330.00
	Name of Employer American Hospital Associa- tion-Washingt	, '	Advocacy and Member Com	ımunica
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)	1		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 261 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers le name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. E Dean Beck Mailing Address 725 South Shoop Av	enue	Date of Receipt 1 1 0 1 2 0 1 0
City Wauseon	State Zip Code OH 43567-1701	Transaction ID: 18722958
FEC ID number of contributing federal political committee.	C 45367-1701	Amount of Each Receipt this Period 125.00
Name of Employer Fulton County Health Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. William H Considine Mailing Address One Perkins Square		Date of Receipt
City	State Zip Code	Transaction ID: 18722959
Akron FEC ID number of contributing federal political committee.	OH 44308-1062	Amount of Each Receipt this Period 250.00
Name of Employer Akron Children's Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Barbara Steele		Date of Receipt
Mailing Address 2142 North Cove Box	ılevard	1 1 0 1 2 0 1 0
City	State Zip Code	Transaction ID: 18722960
Toledo FEC ID number of contributing federal political committee.	OH 43606-3896	Amount of Each Receipt this Period 250.00
Name of Employer ProMedica Health System	Occupation Regional President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1	625.00

atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt
	Date of Receipt
	Date of Receipt
	¬
Ctata Zia Cada	11 01 2010
OH 44805-4011	Transaction ID: 18722961 Amount of Each Receipt this Period
C	250.00
Occupation President and Chief Executive Officer	
Aggregate Year-to-Date ▼ 250.00	
	Date of Receipt
	11 01 2010
State Zip Code	Transaction ID: 18722970
OH 44/08-2614	Amount of Each Receipt this Period 250.00
Occupation President and Chief Executive	
Aggregate Year-to-Date ▼ 250.00	
	Date of Receipt
	M M / D D / Y Y Y Y Y 1 1 1 1 0 1 2 0 1 0
State Zip Code	Transaction ID: 18722984
OH 45219-2364	Amount of Each Receipt this Period 250.00
Occupation Vice President of Treasury	
Aggregate Year-to-Date ▼ 250.00	
	750.00
	C C Cocupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00 State Zip Code OH 44708-2614 C C C C C C C C C C C C C C C C C C C

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Michael Vehovec		Date of Receipt
	Mailing Address 11100 Euclid Avenue	Charles 7:- Coad-	11 01 2010
	City Cleveland	State Zip Code OH 44106-2602	Transaction ID: 18722985 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer University Hospitals Case Medical Cent Receipt For: Primary General Other (specify)	Occupation Vice President and Corporate Contro Aggregate Year-to-Date 250.00	lle
	Full Name (Last, First, Middle Initial) Mr. David Cook Mailing Address 19056 Quail Hollow D	rive	Date of Receipt
		7.0	11 01 2010
	City Strongsville	State Zip Code OH 44136-6441	Transaction ID: 18722993
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
	Name of Employer University Hospital	Occupation Vice President and CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Ms. Sonia Salvino		Date of Receipt
	Mailing Address 11100 Euclid Avenue		M M / D D / Y Y Y Y Y 1 1 1 1 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: 18722994
	Cleveland FEC ID number of contributing federal political committee.	OH 44106-1716	Amount of Each Receipt this Period 250.00
	Name of Employer University Hospitals Case Medical Cent	Occupation Vice President Finance	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00]
Г			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 261 (check only one) X
or 1	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
_ \.	Full Name (Last, First, Middle Initial) Mr. Brent Carson			Date of Receipt
	Mailing Address 1783 Farrs Garden Pat			11 01 2010
	City Westlake	State OH	Zip Code 44145-2067	Transaction ID: 18722995 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77173 2007	250.00
	Name of Employer University Hospitals Case Medical Cent	Occupatio Vice Pre		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Steven Standley Mailing Address 2605 Warrensville Con	tor Dd # M6	200	Date of Receipt
	Mailing Address 3605 Warrensville Cen	iter Ra # ivis	509	11 01 2010
	City	State	Zip Code	Transaction ID: 18723006
	Beachwood FEC ID number of contributing federal political committee.	ОН	44122-5203	Amount of Each Receipt this Period 250.00
	Name of Employer St. Vincent Charity Medic- al Center	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, MD			Date of Receipt
	Mailing Address 11100 Euclid Avenue			1 1 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 18723012
	Cleveland	OH	44106-1716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer University Hospitals Case Medical Cent	Occupatio Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
sı	JBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
↓ 4.	Full Name (Last, First, Middle Initial) Mr. Richard Hanson		Date of Receipt
	Mailing Address 12340 Bass Lake Roa		11 01 2010
	Chardon	State Zip Code OH 44024-8327	Transaction ID: 18723013
	Chardon FEC ID number of contributing federal political committee.	OH 44024-8327	Amount of Each Receipt this Period 500.00
	Name of Employer University Hospitals Exte- nded Care Cam	Occupation President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Mary Alice Annecharico		Date of Receipt
	Mailing Address 234 Goodman Street		1 1 0 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18723014
	Cincinnati FEC ID number of contributing federal political committee.	OH 45219-2364	Amount of Each Receipt this Period 500.00
	Name of Employer University Hospital	Occupation Sr. Vice President and Chief Informa	ati
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Mr. Paul Tait		Date of Receipt
	Mailing Address 6560 Thorntree Drive		1 1 0 1 2 0 1 0
	City	State Zip Code	Transaction ID: 18723015
	Brecksville FEC ID number of contributing federal political committee.	OH 44141-1769	Amount of Each Receipt this Period 500.00
	Name of Employer University Hospitals	Occupation Sr VP, Strategic Planning & Bus Dev	velo
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
	SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Szubski Mailing Address 11100 Euclid Avenue		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18723016
Cleveland	OH 44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University Hospitals	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael Nochomovitz		Date of Receipt
Mailing Address 118 Partridge Lane		11 01 7 2010
City	State Zip Code	Transaction ID: 18723018
Chagrin Falls FEC ID number of contributing federal political committee.	OH 44022-4042	Amount of Each Receipt this Period 500.00
Name of Employer University Hospitals Rich- mond Medical	Occupation CEO	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. John E. Callender		Date of Receipt
Mailing Address 2743 Elginfield Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18723020
Upper Arlington	OH 43220-4247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ohio Hospital Association	Occupation Senior Vice President & CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker		Date of Receipt
Mailing Address 7800 South Eagle F		11 03 2010
City <u>Columbia</u>	State Zip Code MO 65203-9017	Transaction ID: 18723028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	48.13
Name of Employer Missouri Hospital Associa- tion Receipt For:	Occupation Senior VP, Commc. & Health Improve	ement
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.91	
Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon Mailing Address 1811 Forest Park C	ourt	Date of Receipt
		11 03 2010
City Jefferson City	State Zip Code MO 65109-9782	Transaction ID: 18723036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Governmental Rela	– at
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff		Date of Receipt
Mailing Address 5119 Coventry Way	re	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18723041
Jefferson City FEC ID number of contributing federal political committee.	MO 65101-8284	Amount of Each Receipt this Period 48.13
Name of Employer Missouri Hospital Associa- tion	Occupation Senior Vice President & CFO	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.91	
SUBTOTAL of Receipts This Page (optiona	l)	158.76
TOTAL This Period (last page this line numl	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill Mailing Address 2906 Valley View Terr. City Jefferson City FEC ID number of contributing federal political committee.	State Zip Code MO 65109-1069 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Missouri Hospital Associa- tion Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Senior Vice President & General Cou Aggregate Year-to-Date ▼ 336.91	<u>ins</u> e
Full Name (Last, First, Middle Initial) Mr. Michael J Gillen Mailing Address 100 Hospital Drive		Date of Receipt 1 1 0 4 2 0 1 0
City	State Zip Code	Transaction ID: 18723048
<u>Lebanon</u>	MO 65536-9210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. John's Hospital - Leb- anon	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Thomas C. Jividen	1	Date of Receipt
Mailing Address 2713 Greenhill Avenue		11 04 2010
City	State Zip Code	Transaction ID: 18723059
Lynchburg	VA 24503-2923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Centra Lynchburg General Hospital	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		748.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Emory W. Tibbs, Jr.			Date of Receipt
Mailing Address 1740 Hidden Oaks Lar City	ne State	Zip Code	1 1 0 4 2 0 1 0 Transaction ID: 18723060
Bedford	VA	24523-6864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Centra Health, Inc.	Occupation Senior Vi	ce President Operations	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Lewis C Addison	1		Date of Receipt
Mailing Address 1920 Atherholt Road			11 05 2010
City	State	Zip Code	Transaction ID: 18723068
Lynchburg	VA	24501-1104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Centra Lynchburg General Hospital	Occupation Senior Vi	n ce President and Chief Fina	ind
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Mr. Brian Gradle			Date of Receipt
Mailing Address 400 Great Falls St			11 05 2010
City	State	Zip Code	Transaction ID: 18723069
Falls Church	VA	22046-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Bon Secours-Richmond Comm- unity Hospita	Occupation Vice Pres	n sident Corporate	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number			

SCHEDULI	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercia	I purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OMMITTEE (In Full) Iospital Association PAC			
Ms. Donna Litt				Date of Receipt
	ess PO Box 25			11 05 2010
City <u>Roanoke</u>		State VA	Zip Code 24002-0025	Transaction ID: 18723070 Amount of Each Receipt this Period
·	per of contributing al committee.	C	1 1 1 1 1 1	350.00
Name of Emp Carilion Clinic	oloyer	Occupation Vice Pres	n sident, Finance	
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 350.00	
Ms. Stephanie		I		Date of Receipt
	ess 99 Route 37 West			10 29 2010
City		State	Zip Code	Transaction ID: 18723073
Toms River FEC ID numb federal political	per of contributing	C	08755-6423	Amount of Each Receipt this Period 250.00
Name of Emp Community M	oloyer Nedical Center	Occupation Executive	n e Director	
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (La Mr. Joseph A.	ast, First, Middle Initial) Carr	1		Date of Receipt
Mailing Addre	ess 2378 Orchard Crest Bl	lvd.		10 DD / YYYYY 29 2010
City		State	Zip Code	Transaction ID: 18723076
Manasquar FEC ID numb federal politica	per of contributing	C	08736-4001	Amount of Each Receipt this Period 10.00
Name of Emp New Jersey F iation	oloyer Hospital Assoc-	Occupation Chief Info	n ormation Officer	
Receipt For: Primary	General General	Aggregate	Year-to-Date ▼ 210.00	
SUBTOTAL of		1		610.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 261 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Jessica Cohen		Date of Receipt
	Mailing Address 760 Alexander Road		10 29 2010
	City	State Zip Code	Transaction ID: 18723080
	Princeton FEC ID number of contributing federal political committee.	NJ 08540-6305	Amount of Each Receipt this Period 10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Director	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road		Date of Receipt
	TET Glear Greek Hoad	1	10 29 2010
	City	State Zip Code	Transaction ID: 18723082
	Langhorne	PA 19047-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President, Human Resources	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein		Date of Receipt
	Mailing Address 27 Harvest Lane		10 29 2010
	City	State Zip Code	Transaction ID: 18723087
	Livingston	NJ 07039-2750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	210.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President Continuing Care Servi	ice
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	410.00	
	UBTOTAL of Receipts This Page (optional) .		230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain		Date of Receipt 1 0 2 9 2 0 1 0
City	State Zip Code PA 18938-5760	Transaction ID: 18723092
New Hope FEC ID number of contributing federal political committee.	PA 18938-5760	Amount of Each Receipt this Period 10.00
Name of Employer New Jersey Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Sr. VP., Health Economics Aggregate Year-to-Date 618.35]
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Avenu	ue	Date of Receipt 1 0 2 9 2 0 1 0
City	State Zip Code	Transaction ID: 18723094
Pennington	NJ 08534-2302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation General Counsel	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) Mr. William D. Kennedy		Date of Receipt
Mailing Address 1549 North Valley Ro	ad	10 29 2010
City	State Zip Code	Transaction ID: 18723096
<u>Malvern</u>	PA 19355-9796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional) .	·	30.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 261 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Timothy J. Keough		Date of Receipt
Mailing Address 23 Nelson Drive		10 29 2010
City	State Zip Code	Transaction ID: 18723097
<u>Barnegat</u>	NJ 08005-2174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc-	Occupation	1
iation	Vice President, Health Information Mg	m -
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. Steve E. Krebs	I .	Date of Receipt
Mailing Address 73 Tindall Rd		10 29 2010
City	State Zip Code	Transaction ID: 18723098
Robbinsville	NJ 08691-2508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Director, Conference Services]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. David P. Lavins		Date of Receipt
Mailing Address 10 Fox Chase Road	d	10 29 2010
City	State Zip Code	Transaction ID: 18723099
<u>Malvern</u>	PA 19355-3441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional	il)	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Llac concrete cobadula(a)	FOR LINE NUMBER: PAGE 83 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personne name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kerry A. McKean-Kelly		Date of Receipt
Mailing Address 40 Imlaystown Road		10 29 2010
City	State Zip Code	Transaction ID: 18723102
East Windsor	NJ 08520-6209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Assistant Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Mr. Randall J. Minniear		Date of Receipt
Mailing Address 3901 Worthington C	Court	10 29 2010
City	State Zip Code	Transaction ID: 18723104
Freehold	NJ 7728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior VP, Government Relations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Ms. Joann M. Morgano		Date of Receipt
Mailing Address 7 Cottonwood Drive		10 29 2010
City	State Zip Code	Transaction ID: 18723106
Lumberton	NJ 08048-5297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Director, Marketing & Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 110.00	
SUBTOTAL of Receipts This Page (optional)		30.00

Mailing Address 7 Cottonwood Drive City Lumberton NJ 08048-5297 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Amo FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ State Zip Code NJ 07079-1319 CC SVP & General Counsel Aggregate Year-to-Date ▼ SVP & General Counsel Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) SvP & General Counsel Svetem Receipt For: Primary General Other (specify) ▼ State Zip Code Trans SvP & General Counsel Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code PA 18940-9284 FEC ID number of contributing federal political committee. Cc Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	only one) a
American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Joann M. Morgano Mailing Address 7 Cottonwood Drive City State Zip Code Lumberton NJ 08048-5297 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Other (specify) Other (specify) State Zip Code Director, Marketing & Communications Aggregate Year-to-Date Primary General Other (specify) State Zip Code Trans Aggregate Year-to-Date Pull Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code NJ 07079-1319 Amo Cocupation Director, Marketing & Communications Aggregate Year-to-Date Trans Trans Trans Amo Cocupation Sylam Aggregate Year-to-Date Aggregate Year-to-Date V City State Zip Code Sylstem Receipt For: Primary General Other (specify) Aggregate Year-to-Date V City State Zip Code Sylstem Receipt For: Primary General Other (specify) Sylstem Receipt For: Primary General Other (specify) Sylstem Receipt For: Primary General Other (specify) State Zip Code Trans Sylstem Receipt For: Primary General Other (specify) Cocupation Sylp & General Counsel Aggregate Year-to-Date Trans Sylstem Receipt For: Primary General Other (specify) State Zip Code Trans Amo Cocupation Aggregate Year-to-Date Cocupation Aggregate Yea	urpose of soliciting contributions tributions from such committee.
Mailing Address 7 Cottonwood Drive City State Zip Code NJ 08048-5297 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Coupation Director, Marketing & Communications Aggregate Year-to-Date ▼ 210.00 Full Name (Last, First, Middle Initial)	
City State Zip Code NJ 08048-5297 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For:	of Receipt
Lumberton NJ 08048-5297 Amo FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Cocupation Director, Marketing & Communications Aggregate Year-to-Date ▼ 210.00 Full Name (Last, First, Middle Initial)	29 / 2010
FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ 210.00 Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code NJ 07079-1319 FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ 200.00 Cucupation NJ 07079-1319 Amo FEC ID number of contributing federal Political Committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ 200.00 Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans FeC ID number of contributing federal political committee. City State Zip Code Trans FEC ID number of contributing federal political committee. City State Zip Code Trans FeC ID number of contributing federal political committee. City State Zip Code Trans FeC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	saction ID: 18723107
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code NJ 07079-1319 FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Amo FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code PA 18940-9284 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	unt of Each Receipt this Period
iation Receipt For: Primary	100.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code NJ 07079-1319 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Mr. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code NJ 07079-1319 C C Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code SVP & General Counsel Aggregate Year-to-Date ▼ Fund Note: Aggregate Year-to-Date Trans Amo State Zip Code Trans State Zip Code Trans Newtown FEC ID number of contributing federal political committee. Name of Employer Newtown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	
Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code South Orange NJ 07079-1319 FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans PA 18940-9284 Amo FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	
Mr. Barry Ostrowsky Mailing Address 448 Harding Drive City State Zip Code South Orange NJ 07079-1319 FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Mailing Address 21 Sparrow Walk City State Zip Code Newtown FC ID number of contributing federal political committee. C C C Trans Amo C Trans C C C C C C C Date Aggregate Year-to-Date ▼ Ano City State Zip Code Trans Amo C C C C Date Trans Amo PA 18940-9284 Amo C C Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	
City South Orange NJ 07079-1319 FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State State Sign Code Trans Amo Date M* 1 C Trans Amo C C C C Trans C C Trans C C Trans C C C C C C Trans Amo Date M* 1 C Trans Amo C C C C Newtown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association VP Development & Trustee Relations	of Receipt
South Orange South Orange	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans Newtown PA 18940-9284 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Occupation SVP & General Counsel Aggregate Year-to-Date ▼ State Zip Code Trans Amo C Occupation VP Development & Trustee Relations	saction ID: 18723110
Name of Employer Saint Barnabas Health Care System Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address City State Newtown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Coccupation SVP & General Counsel Aggregate Year-to-Date Aggregate Year-to-Date Touries Aggregate Year-to-Date Coccupation SVP & General Counsel Aggregate Year-to-Date Coccupation Coccupation Coccupation VP Development & Trustee Relations	unt of Each Receipt this Period
Saint Barnabas Health Care System Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Newtown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association SVP & General Counsel Aggregate Year-to-Date Stool.00 Date Trans C C Occupation VP Development & Trustee Relations	500.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Newtown FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Aggregate Year-to-Date Follows Stock Trans C Occupation VP Development & Trustee Relations	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Newtown PA 18940-9284 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	
Ms. Sally Roslow Mailing Address 21 Sparrow Walk City State Zip Code Trans Newtown PA 18940-9284 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	
City State Zip Code Trans Newtown PA 18940-9284 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	of Receipt
Newtown PA 18940-9284 Amo FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	
FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	saction ID: 18723113
Name of Employer New Jersey Hospital Association Occupation VP Development & Trustee Relations	unt of Each Receipt this Period
iation VP Development & Trustee Relations	10.00
iation	
Receipt For: Aggregate Year-to-Date ▼	
Primary General 210.00	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	610.00
observation read (optional)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr. Mailing Address 4 Poppy Lane City Howell FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 07731-1451 C Occupation VP Health Economics Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 2 9 2 0 1 0 Transaction ID: 18723114 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Ms. Cynthia A. Sorg Mailing Address 33 Second Street City Hopewell FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08525-2014 C Occupation Assistant to President Aggregate Year-to-Date 210.00	Date of Receipt M M M / 29 29 2010 Transaction ID: 18723116 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Mr. Terry W Andrus Mailing Address 2000 Pepperell Parkw City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	ay State Zip Code AL 36801-5452 C Occupation President Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Z D 1 D Transaction ID: 18723120 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1020.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Laura D. Grill, BSN, RN		Date of Receipt
Mailing Address 2000 Pepperell Parkwa		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Ope</u> lika	State Zip Code AL 36801-5422	Transaction ID: 18723121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent-	Occupation Exec. Vice President, Patient Services	
er Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Dennis Thrasher		Date of Receipt
Mailing Address 2190 Springwood Driv	e	11 03 4 2010
City	State Zip Code	Transaction ID: 18723122
Auburn FEC ID number of contributing federal political committee.	AL 36830-7200	Amount of Each Receipt this Period
Name of Employer East Alabama Medical Cent- er	Occupation Asst. Vice President/Controller	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Laura W. Bell	<u> </u>	Date of Receipt
Mailing Address 8897 Tara Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Auburn	State Zip Code AL 36830-8247	Transaction ID: 18723123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30030-0247	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Asst. Vice President/ Quality Manager	me
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Tommy Chittom Mailing Address 2000 Pepperell Parkwa City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	State Zip Code AL 36801-5452 C Occupation Vice President Information Services Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 3 2 0 1 0 Transaction ID: 18723124 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. Michael Lisenby, MD Mailing Address 2000 Pepperell Parkwa City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	State Zip Code AL 36801-5452 C Occupation Chief Medical Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M M O 3 2010 Transaction ID: 18723125 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Ken Lott Mailing Address 1567 Oak Hill Circle City Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify)	State Zip Code AL 36832-6798 C Occupation Vice President, Operations Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1
SUBTOTAL of Receipts This Page (optional)		3000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 261 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Stanley K Hammack Mailing Address 2451 Fillingim Street		Date of Receipt 1 1 0 3 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	City	State Zip Code	Transaction ID: 18723127
	Mobile FEC ID number of contributing federal political committee.	AL 36617-2238	Amount of Each Receipt this Period 1000.00
	Name of Employer University of South Alaba- ma Hospitals Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 1000.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. John D Anderson, FACHE Mailing Address P O Box 758		Date of Receipt 1 1 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: 18723128
	Boaz	AL 35957-0758	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Marshall Medical Center South	Occupation Administrator	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
 ;_	Full Name (Last, First, Middle Initial) Mrs. Cheryl M Hays, FACHE		Date of Receipt
	Mailing Address 227 Britany Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18723129
	Guntersville FEC ID number of contributing federal political committee.	AL 35976-5766	Amount of Each Receipt this Period 500.00
	Name of Employer Marshall Health System	Occupation Chief Operating Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 261 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	the name and add	η not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. A Elizabeth Anderson Mailing Address 2451 Fillingim Stree	ot .		Date of Receipt
City Mobile	State AL	Zip Code 36617-2238	Transaction ID: 18723130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		415.00
Name of Employer University of South Alaba- ma Medical Ce Receipt For: Primary General Other (specify) ▼	Occupation Administ Aggregate		
Full Name (Last, First, Middle Initial) Mr. Bob Page Mailing Address 3901 Rainbow Boul	levard		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18723180
Kansas City	KS	66160-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer The University of Kansas Hospital		ecutive Officer	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Steven D Wilkinson	l		Date of Receipt
Mailing Address 5721 West 119th S	treet		11 05 2010
City	State	Zip Code	Transaction ID: 18723209
Overland Park	KS	66209-3722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Menorah Medical Center Receipt For:		n t and Chief Executive Office Year-to-Date ▼	<u>r </u>
Primary General Other (specify) ▼	Aggregate	500.00	
SUBTOTAL of Receipts This Page (optional			1415.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 261 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person rename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kevin Smith Mailing Address 41 Highland Avenue City Winchester FEC ID number of contributing federal political committee. Name of Employer Winchester Hospital Receipt For: Primary General	State Zip Code MA 01890-1446 C Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D N 2 0 1 0 Transaction ID: 18723430 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Mr. James Fanale Mailing Address 38 Longfellow Way City Boylston FEC ID number of contributing federal political committee. Name of Employer Jordan Hospital	State Zip Code MA 01505-1444 C	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 0 8 2 0 1 0 Transaction ID: 18723431 Amount of Each Receipt this Period 125.00
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Andrea Holleran Mailing Address 275 Sandwich Street	SVP System Development Aggregate Year-to-Date ▼ 225.00	Date of Receipt
City Plymouth FEC ID number of contributing federal political committee.	State Zip Code MA 02360-2183	Transaction ID: 18723432 Amount of Each Receipt this Period 125.00
Name of Employer Jordan Hospital Receipt For: Primary General Other (specify) ▼	Occupation VP, Strategic Planning Aggregate Year-to-Date 225.00	
SUBTOTAL of Receipts This Page (optional)		400.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 261 (check only one) X
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>M</u>	ull Name (Last, First, Middle Initial) 1r. Joseph lannoni lailing Address 275 Sandwich Street			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	ity Plymouth	State MA	Zip Code 02360-2183	Transaction ID: 18723433 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	02500 2100	125.00
	ame of Employer ordan Hospital eceipt For:		ident Finance	
n [Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
. <u>M</u>	ull Name (Last, First, Middle Initial) Ir. Randy Doherty Iailing Address 250 Pond Street			Date of Receipt
C	ity	State	Zip Code	1 1 0 8 2 0 1 0 Transaction ID: 18723435
F	Braintree EC ID number of contributing ederal political committee.	C	02184-5351	Amount of Each Receipt this Period 350.00
В <u>Н</u>	ame of Employer raintree Rehabilitation lospital	Occupation Administr	ator	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
	ull Name (Last, First, Middle Initial) Ir. Joel Rudin			Date of Receipt
M	lailing Address 3 Webster Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity Vinelanatar	State	Zip Code	Transaction ID: 18723436
F	Vinchester EC ID number of contributing ederal political committee.	C	01890-2117	Amount of Each Receipt this Period 350.00
<u>H</u>	ame of Employer lew England Rehabilitation lospital		ecutive Officer	
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
SUE	3TOTAL of Receipts This Page (optional)	<u> </u>		825.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each of	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 92 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold e name and address of any	or used by any person political committee to s	for the purpose of soliciting contributions
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Paula Minnehan			Date of Receipt
Mailing Address 283 Gallopiny Hill Ro			11 08 2010
City <u>Hopkinton</u>	State Zip Coo NH 03229-		Transaction ID: 18723437 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer New Hampshire Hospital As- sociation	Occupation V.P., Finance and F		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	210.00	
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen	.1		Date of Receipt
Mailing Address 125 Airport Road			11 08 2010
City	State Zip Coo		Transaction ID: 18723438
Concord	NH 03301-	7300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer New Hampshire Hospital As- sociation	Occupation President and CEO		
Receipt For:	Aggregate Year-to-Date	e ▼	
Primary General Other (specify) ▼		583.35	
Full Name (Last, First, Middle Initial) Ms. Jena Hausmann			Date of Receipt
Mailing Address 13123 East 16th Ave	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Coo		Transaction ID: 18723444
Aurora	CO 80045-	7106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Children's Hospital, The	Occupation Executive Vice Pres	·	e
Receipt For: Primary General	Aggregate Year-to-Date	e ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)	1		363.33

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
4 .	Full Name (Last, First, Middle Initial) Mr. Peter Adler Mailing Address 14432 SE Eastgate Wa	av. Suite 30	0	Date of Receipt
	City Bellevue	State WA	Zip Code	1 1 0 9 2 0 1 0 Transaction ID: 18724818
	FEC ID number of contributing federal political committee.	C	98007-6493	Amount of Each Receipt this Period 250.00
	Name of Employer PeaceHealth Receipt For: Primary General		ice President Strategy, Innoverse Year-to-Date ▼	va
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
3.	Dr. Andrew Agwunobi, , M.D. Mailing Address P O Box 2555			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18724819
	Spokane	WA	99220-2555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Providence Sacred Heart Medical Center		ice President, CFO, CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
- ;.	Full Name (Last, First, Middle Initial) Ms Suzanne Anderson			Date of Receipt
	Mailing Address 1100 Ninth Avenue			1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18724820
	Seattle	WA	98101-2756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Virginia Mason Medical Ce- nter	_ '	P, CFO, CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	SUBTOTAL of Receipts This Page (optional)			750.00
f	TOTAL This Period (last page this line number)	only)		

EMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 1
y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Michael Carter		Date of Receipt
		1 1 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Transaction ID: 18724821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30122 4013	250.00
Name of Employer Swedish Health Services	Occupation Sr. Vice President & CAO, Edmonds	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Patricia Cochrell Mailing Address 23986 Vinland Terr NV	V	Date of Receipt
23300 Villiand Ten IVV	v	11 09 2010
City	State Zip Code	Transaction ID: 18724822
Poulsbo	WA 98370-9416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harrison Medical Center	Occupation Executive VP/ Chief Operation Officer	,
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeff Collins		Date of Receipt
		11 / 09 / Y Y Y Y Y
	•	Transaction ID: 18724823
FEC ID number of contributing federal political committee.	C 99204-2307	Amount of Each Receipt this Period 250.00
Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
UBTOTAL of Receipts This Page (optional)		750.00
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael Carter Mailing Address 747 Broadway Avenue City Seattle FEC ID number of contributing federal political committee. Name of Employer Swedish Health Services Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia Cochrell Mailing Address 23986 Vinland Terr NV City Poulsbo FEC ID number of contributing federal political committee. Name of Employer Harrison Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jeff Collins Mailing Address 101 West Eighth Aven City Spokane FEC ID number of contributing federal political committee. Name of Employer Providence Sacred Heart Medical Center Receipt For: Primary General Other (specify) ▼ General Other (specify) ▼ General Other (specify) ▼	y information copied from such Reports and Statements may not be sold or used by any perso for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael Carter Mailing Address 747 Broadway Avenue City State Zip Code WA 98122-4379 FEC ID number of contributing federal political committee. Name of Employer Swedish Health Services Receipt For: Primary General Other (specify) ▼ City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ms. Patricia Cochreil Mailing Address 23986 Vinland Terr NW City State Zip Code WA 98370-9416 City State Zip Code WA 98370-9416 C C C C C C C C C C C C C

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Ms. Sandra Dahl Mailing Address 5502 Webster Avenue City Yakima FEC ID number of contributing federal political committee. Name of Employer Yakima Valley Memorial Hospital Receipt For:	State Zip Code WA 98908-3698 C Occupation Vice President, Nursing & Patient Car	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 9 2 0 1 0 Transaction ID: 18724824 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
Mr. Stuart Hennessey Mailing Address 14432 SE Eastgate W	ay, Suite 300	Date of Receipt 1 1 0 9 2 0 1 0
City	State Zip Code	Transaction ID: 18724825
Bellevue FEC ID number of contributing federal political committee.	WA 98007-6493	Amount of Each Receipt this Period 250.00
Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Legal Services Aggregate Year-to-Date 250.00	<u>a</u>
Full Name (Last, First, Middle Initial) Mr. Glenn Kasman	<u> </u>	Date of Receipt
Mailing Address 315 Martin Luther King	•	11 09 2010
City <u>Tacoma</u>	State Zip Code WA 98405-4234	Transaction ID: 18724829
FEC ID number of contributing federal political committee.	C 90400-4234	Amount of Each Receipt this Period 250.00
Name of Employer MultiCare Health System	Occupation former - VP Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 261 (check only one) X 11a 11b 11c 12
	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PA	AC .	
Full Name (Last, First, Middle Initial) Mr. Thomas Kruse		Date of Receipt
Mailing Address 6860 NW Ranger	•	111 / 09 / 2010
City Silverdale	State Zip Code WA 98383-6306	Transaction ID: 18724830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Harrison Medical Center	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Mark May		Date of Receipt
Mailing Address P O Box 2555		11 09 7 9 2010
City	State Zip Code	Transaction ID: 18724831
<u>Spokane</u>	WA 99220-2555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Providence Sacred Heart Medical Center	Occupation Chief Integration Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Russell M. Myers		Date of Receipt
Mailing Address 2908 Shelton Aver	nue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18724832
<u>Yakima</u>	WA 98902-4073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yakima Valley Memorial Ho- spital	Occupation Vice President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	250.00	
	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97 / 261 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Cliff Robertson Mailing Address 2505 Cliffside Ln. NV	V #P102	Date of Receipt
City	State Zip Code	Transaction ID: 18724833
Gig Harbor	WA 98335-1695	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Franciscan Health System Receipt For: Primary General	Occupation President and CMO - Medical Group Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Mr Leon Smith		Date of Receipt
Mailing Address 2520 Cherry Avenue		11 09 2010
City	State Zip Code	Transaction ID: 18724838
Bremerton FEC ID number of contributing federal political committee.	WA 98310-4229	Amount of Each Receipt this Period 300.00
Name of Employer Harrison Medical Center	Occupation Board Member	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mr. Thomas W Wilbur		Date of Receipt
Mailing Address 714 West Pine Street	t	1 1 0 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18724839
Newport	WA 99156-9046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Newport Hospital and Heal- th Services	Occupation Chief Executive Officer and Superinte	n
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	>	925.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Scott E. Armstrong Mailing Address 3855 44th Avenue NE City Seattle	State Zip Code WA 98105-5448	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Group Health Eastside Hospital Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Ms. Elaine Couture, BSN, MBA, Mailing Address P O Box 2555		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18724841
Spokane FEC ID number of contributing federal political committee.	WA 99220-2555	Amount of Each Receipt this Period 500.00
Name of Employer Providence Sacred Heart Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Dan Dixon		Date of Receipt
Mailing Address 747 Broadway		11 09 7 2010
City	State Zip Code	Transaction ID: 18724842
Seattle FEC ID number of contributing federal political committee.	WA 98122-4379	Amount of Each Receipt this Period 500.00
Name of Employer Swedish Health Services	Occupation Vice President Government and Con	nmunit
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Harold S Geller Mailing Address 315 North 14th Avenue		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Othello	State Zip Code WA 99344-1254	Transaction ID: 18724844
FEC ID number of contributing federal political committee.	WA 99344-1254	Amount of Each Receipt this Period 500.00
Name of Employer Othello Community Hospital Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Dan Harris Mailing Address 2934 Westside Drive N	NW	Date of Receipt 1 1 0 9 2 0 1 0
City	State Zip Code	Transaction ID: 18724845
Olympia	WA 98502-3277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Providence Health System	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. James Hereford		Date of Receipt
Mailing Address 201 16th Avenue East		11 09 7 2010
City	State Zip Code	Transaction ID: 18724846
Seattle	WA 98112-5226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Group Health Cooperative/- Central Hosp Receipt For:	Occupation Executive Vice President Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
CURTOTAL of Possints This Poss (antique)		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Marcel C Loh, FACHE		Date of Receipt
Mailing Address 500 17th Avenue		11
City <u>Seattle</u>	State Zip Code WA 98124-5711	Transaction ID: 18724847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Swedish Medical Center-Cherry Hill Cam Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President and Chief Admir Aggregate Year-to-Date ▼ 500.00	- 1 -
Full Name (Last, First, Middle Initial) Dr Gregory D Sawyer, MD, PhD Mailing Address 2811 Tieton Drive		Date of Receipt
City	State Zip Code	Transaction ID: 18724848
Yakima	WA 98902-3761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Yakima Valley Memorial Ho- spital	Occupation Vice President Physician Practices	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Jon D Smiley		Date of Receipt
Mailing Address P O Box 719		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18724850
Sunnyside	WA 98944-0719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sunnyside Community Hospi- tal	Occupation Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUPTOTAL of Descripts This Descriptional		1500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	

Mailing Address 2520 Cherry Avenue City State Zip Code Bremerton WA 98310-4229 FEC ID number of contributing federal political committee. Name of Employer Harrison Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate Way, Ste 300 City State Zip Code WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Occupation President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Cocupation President and Chief Mission Officer Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	e of Receipt
Mr. John Wallen Mailing Address 2520 Cherry Avenue City State Zip Code Bremerton WA 98310-4229 FEC ID number of contributing federal political committee. Name of Employer Harrison Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate Way, Ste 300 City State Zip Code WA 98007-6493 FEC ID number of contributing federal political committee. Receipt For: Primary General City State Zip Code Tra Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	1 0 9 2 0 1 0 saction ID: 18724851 punt of Each Receipt this Period
City State Zip Code Bremerton WA 98310-4229 FEC ID number of contributing federal political committee. Name of Employer Harrison Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate Way, Ste 300 Figure State Zip Code WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth Receipt For: Primary General Other (specify) ▼ Ccupation President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	saction ID: 18724851 ount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Harrison Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate Way, Ste 300 City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General 500.00 State Zip Code Transmer State State	
Full Name (Last, First, Middle Initial) Mr. Alan R Yordy Mailing Address 14432 SE Eastgate Way, Ste 300 City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) General Other (specify) Mill Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	
City State Zip Code Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	e of Receipt
Bellevue Bellevue WA 98007-6493 FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	1 09 2010
FEC ID number of contributing federal political committee. Name of Employer PeaceHealth President and Chief Mission Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	usaction ID: 18724852 bunt of Each Receipt this Period
Receipt For: Primary General State Zip Code Trail	500.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	
Mr. Thomas Corley Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	
Mailing Address North 5633 Lidgerwood Street City State Zip Code Tra	e of Receipt
City State Zip Code Tra	M / D D / Y Y Y Y
Spokane WA 99208-1224 L Am	saction ID: 18724853
FEC ID number of contributing federal political committee.	ount of Each Receipt this Period
Name of Employer Providence Sacred Heart Medical Center Occupation Chief Operating Officer	250.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (optional)	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James M. Blazar Mailing Address 69 Orchard Rd City West Hartford FEC ID number of contributing federal political committee. Name of Employer Hartford Hospital Receipt For: Primary General Other (specify)	State Zip Code CT 06117-2911 C Occupation SVP & Chief Strategy Officer Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Elliot Joseph Mailing Address 3 Sunningdale City Farmington FEC ID number of contributing federal political committee. Name of Employer Hartford Hospital Receipt For: Primary General Other (specify)	State Zip Code CT 06032-1460 C Occupation President & Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 9 2 2 0 1 0 Transaction ID: 18724858 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mr. Anthony A Armada Mailing Address 1775 Dempster Stree City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Advocate Lutheran General Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60068-1143 C Occupation President Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts ar	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 261 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Darcie J. Brazel		Date of Receipt
Mailing Address 11654 Logan Court		11 09 2010
City	State Zip Code	Transaction ID: 18725490
Orland Park	IL 60467-6824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate Christ Medical Center	Occupation Chief Nurse Executive	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Mr. Timothy J. Eckels		Date of Receipt
Mailing Address 33 Oak Lane		11 09 2010
City Springfield	State Zip Code IL 62712-8611	Transaction ID: 18725494
FEC ID number of contributing federal political committee.	C 62/12-6011	Amount of Each Receipt this Period 500.00
Name of Employer Hospital Sisters Health System	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Lubotsky		Date of Receipt
Mailing Address 6658 Winston Lane	,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18725498
Solon	OH 44139-4694	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Advocate Health Care	Occupation Vice President	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ı)	1150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 261 (check only one) X
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any persor he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Kevin P Poorten		Date of Receipt
Mailing Address P O Box 707		11 09 2010
City Dekalb	State Zip Code IL 60115-0707	Transaction ID: 18725518 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Kish Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert C Schmitt, II		Date of Receipt
Mailing Address P O Box 429		M M / D D / Y Y Y Y Y Y 1 1 1 0 9 2 0 1 0
City	State Zip Code	Transaction ID: 18725520
Gibson City	IL 60936-0429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Gibson Area Hospital and Health Servic	Occupation Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Steven Strongwater, MD		Date of Receipt
Mailing Address State University of N	ew York	1 1 1 0 2 0 1 0
City	State Zip Code	Transaction ID: 18725538
Stony Brook FEC ID number of contributing	NY 11794-0001	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer Stony Brook University Me- dical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CUPTOTAL (D Ti: D ()	>	1250.00

Any information			Detailed Summary Page	
or for commercial	n copied from such Reports and S cial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	COMMITTEE (In Full) n Hospital Association PAC			
Mr. Thomas	(Last, First, Middle Initial) s G Bartlett, IIIMD			Date of Receipt
Mailing Add	dress 25117 Highway 15			M M / D D / Y Y Y Y Y Y 1 1 1 0 9 2 0 1 0
City		State	Zip Code	Transaction ID: 18726388
<u>Union</u>		MS	39365-9088	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		25.00
Name of Er Laird Hosp	mployer ital	Occupatio Administ		
Receipt Fo		+ '	e Year-to-Date ▼	7
Prima Other	ary General r (specify) ▼		305.00	
Full Name Mr. Larry C.	(Last, First, Middle Initial) Bourne	•		Date of Receipt
	dress 424 Autumn Oak Drive	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18726393
<u>Madison</u>		MS	39110-9148	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		25.00
Name of Er HPI Compa	mployer any	Occupatio Presiden	n t and CEO	
Receipt For Prima Other		Aggregate	e Year-to-Date ▼ 280.00	
Full Name Mr. Sam W.	(Last, First, Middle Initial) . Cameron			Date of Receipt
Mailing Add	dress 28 Waterford Place			11 09 2010
City		State	Zip Code	Transaction ID: 18726399
<u>Jackson</u>		MS	39211-2945	Amount of Each Receipt this Period
	mber of contributing tical committee.	C		152.50
Name of Endississipping ciation	mployer i Hospital Asso-	Occupatio Presiden	n t & Chief Executive Officer	
Receipt Fo		Aggregate	e Year-to-Date ▼	
Prima Othe	ary		1112.50	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 261 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
·	Full Name (Last, First, Middle Initial) Mr. Charles L Denton		Date of Receipt
	Mailing Address 960 Avent Drive		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code MS 38901-5230	Transaction ID: 18726406
	Grenada FEC ID number of contributing federal political committee.	MS 38901-5230	Amount of Each Receipt this Period 187.50
	Name of Employer Grenada Lake Medical Cent- er	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 877.50	
	Full Name (Last, First, Middle Initial) Mr. Michael R Edwards Mailing Address P O Box 259		Date of Receipt
	- 1 O BOX 255		11 09 2010
	City	State Zip Code	Transaction ID: 18726409
	Morton	MS 39117-0259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Scott Regional Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 285.00	
_	Full Name (Last, First, Middle Initial) Mr. Richard G Hilton		Date of Receipt
	Mailing Address P O Box 1506		11 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18726424
	<u>Starkville</u>	MS 39760-1506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer OCH Regional Medical Cent- er	Occupation Associate Administrator and Chief Fir	na
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	
			307.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Randy King Mailing Address 7601 Southcrest Pa	arkway	Date of Receipt
City	State Zip Code	Transaction ID: 18726429
Southaven	MS 38671-4739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Baptist Memorial Hospital- Desoto	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mr. Steve Lesley Mailing Address 116 Woodgreen Cr	occina	Date of Receipt
Mailing Address 116 Woodgreen Cr	ossing	11 09 2010
City	State Zip Code	Transaction ID: 18726434
Madison	MS 39130-1909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	38.34
Name of Employer Mississippi Hospital Asso- ciation	Occupation Director of Data Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.06	
Full Name (Last, First, Middle Initial) Mr. Robert Mobley		Date of Receipt
Mailing Address 969 Lakeland Drive)	11 09 2010
City	State Zip Code	Transaction ID: 18726441
<u>Jackson</u>	MS 39216-4606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	212.50
Name of Employer St. Dominic-Jackson Memor- ial Hospital	Occupation Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	
CURTOTAL of Descript This Description	al)	350.84

SCHEDULE A	A (FEC Form 3X) ECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 108 / 261 (check only one) X
or for commercial pu	rposes, other than using the na	tements may not b ame and address	e sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. Timothy H Mo	1314 19th Avenue	MS 3	t and Administrator	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Mr. Rick Napper Mailing Address	First, Middle Initial) 100 Covewood Lane	0 0 0 0	282.50	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Corinth FEC ID number of federal political commends of Employed Magnolia Region Center Receipt For: Primary	ommittee. er al Health General		7ip Code 88834-7200 to-Date ▼	Transaction ID: 18726444 Amount of Each Receipt this Period 500.00
Mr. James L Angle	First, Middle Initial)		0 0 0 0 0	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Salem FEC ID number of federal political c			ip Code 08079-2064	Transaction ID: 18726471 Amount of Each Receipt this Period 250.00
Name of Employ Memorial Hospita County Receipt For: Primary Other (spe	General	Occupation Chief Executiv Aggregate Year-		
SUBTOTAL of Rec	eipts This Page (optional))	765.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Thomas A Biga Mailing Address 29 Highand Avenue City Fair Haven FEC ID number of contributing federal political committee. Name of Employer Saint Barnabas Health Care System Receipt For:	State Zip Code NJ 07704-3620 C Occupation Executive Director Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr John A Brennan, MD	1000.00	Date of Receipt
Mailing Address 201 Lyons Avenue City Newark	State Zip Code NJ 07112-2027	Transaction ID: 18726476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Newark Beth Israel Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr Mailing Address 2378 Orchard Crest Bl		Date of Receipt
Mailing Address 2378 Orchard Crest Bl City	va. State Zip Code	1 1 1 2 2 0 1 0 Transaction ID: 18726477
<u>Manasquan</u>	NJ 08736-4001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General	Occupation Chief Information Officer Aggregate Year-to-Date 220.00	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1010.00

An	ny information copied from such Reports and S		13 14 15 16 1
	for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Jessica Cohen		Date of Receipt
	Mailing Address 760 Alexander Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18726479
	Princeton	NJ 08540-6305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Director	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General Other (specify) ▼	215.00	
	Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper		Date of Receipt
	Mailing Address 121 Clear Creek Road	J	11 1 12 2010
	City	State Zip Code	Transaction ID: 18726480
	Langhorne	PA 19047-2306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer New Jersey Hospital Association	Occupation Vice President, Human Resources	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	220.00	
	Full Name (Last, First, Middle Initial) Mr. Joseph P Coyle		Date of Receipt
	Mailing Address 1140 Route 72 West		11 12 2010
	City	State Zip Code	Transaction ID: 18726481
	Manahawkin	NJ 08050-2412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Southern Ocean Medical Ce- nter	Occupation President and Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
9	UBTOTAL of Receipts This Page (optional) .	1	515.00

nercial purposes, other than using the DF COMMITTEE (In Full) can Hospital Association PAC ne (Last, First, Middle Initial) Address 9 Jumping Brook Drive ne number of contributing political committee. Employer resey Hospital Assoc- For: imary General her (specify) ne (Last, First, Middle Initial) resa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	e name and address of any political comm	Date of Receipt Transaction ID: 18726483 Amount of Each Receipt this Period Date of Receipt Transaction ID: 18726485 Amount of Each Receipt this Period Transaction ID: 18726485 Amount of Each Receipt this Period
an Hospital Association PAC ne (Last, First, Middle Initial) Address 9 Jumping Brook Drive ne number of contributing political committee. Employer sey Hospital Assoc- For: imary General her (specify) ne (Last, First, Middle Initial) resa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	State Zip Code NJ 07753-3326 C Occupation Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Transaction ID: 18726483 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 9 Jumping Brook Drivente In the Indian State of Contributing Solitical Committee. Employer Sey Hospital Assoctions General Her (specify) The (Last, First, Middle Initial) Hesa L. Edelstein Address 27 Harvest Lane Ston In the Indian State of Contributing Solitical Committee.	State Zip Code NJ 07753-3326 C Occupation Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Transaction ID: 18726483 Amount of Each Receipt this Period Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. Employer sey Hospital Assoctions (Specify) General her (specify) General her (specify) Horesa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	State Zip Code NJ 07753-3326 C Occupation Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	1
number of contributing political committee. Employer sey Hospital Assoc- For: imary General her (specify) ne (Last, First, Middle Initial) esa L. Edelstein Address 27 Harvest Lane eton number of contributing political committee.	NJ 07753-3326 C Occupation Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Amount of Each Receipt this Period 10.00 Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing political committee. Employer sey Hospital Assoc- For: imary General her (specify) ne (Last, First, Middle Initial) esa L. Edelstein Address 27 Harvest Lane eton number of contributing political committee.	C Occupation Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Employer sey Hospital Assoc- For: imary General her (specify) ne (Last, First, Middle Initial) resa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	Director Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
For: imary General her (specify) ne (Last, First, Middle Initial) esa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	Aggregate Year-to-Date ▼ 210.0 State Zip Code NJ 07039-2750	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
imary General her (specify) ne (Last, First, Middle Initial) resa L. Edelstein Address 27 Harvest Lane ston number of contributing political committee.	State Zip Code NJ 07039-2750	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 27 Harvest Lane aton number of contributing political committee.	NJ 07039-2750	Transaction ID: 18726485 Amount of Each Receipt this Period
number of contributing political committee.	NJ 07039-2750	Transaction ID: 18726485 Amount of Each Receipt this Period
number of contributing olitical committee.	NJ 07039-2750	Amount of Each Receipt this Period
number of contributing olitical committee.		
political committee.	C	10.00
Employer sey Hospital Assoc-	Occupation Vice President Continuing Care	Service
For: imary ☐ General her (specify) ♥	Aggregate Year-to-Date ▼ 420.0	00
ne (Last, First, Middle Initial) e D Hirsch, FACHE	_ L	Date of Receipt
Address 25 Pocono Road		M M / D D / Y Y Y Y Y 1 1 1 1 1 2 2 0 1 0
	State Zip Code	Transaction ID: 18726489
e	NJ 07834-2954	Amount of Each Receipt this Period
number of contributing olitical committee.	C	500.00
Employer are's Health Syst-	Occupation President and Chief Executive C	Officer
For:	Aggregate Year-to-Date ▼	
imary General her (specify) ▼	1000.0	00
	1	520.00
	number of contributing solitical committee. Employer are's Health Syst- For: imary General	number of contributing olitical committee. Employer are's Health Syst- For: Imary General ther (specify) ▼ NJ 07834-2954 C Occupation President and Chief Executive (Capacity) ▼ Aggregate Year-to-Date ▼ 1000.0

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain City New Hope FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General	Road State Zip Code PA 18938-5760 C Occupation Sr. VP., Health Economics Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Gary S Horan, FACHE Mailing Address 1206 Hemlock Avenu City Sea Girt FEC ID number of contributing federal political committee. Name of Employer Trinitas Regional Medical Center Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Avenu City Pennington FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Assoc-	State Zip Code NJ 08534-2302 C Occupation General Counsel	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
iation Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe	Aggregate Year-to-Date ▼ 220.00	515.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Hospital Association	orts and Statements may not be sold or used by any person using the name and address of any political committee to PAC	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Mr. Chester B Kaletkowski Mailing Address 2950 College	,	Date of Receipt 1 1 1 2 2 0 1 0
City	State Zip Code	Transaction ID: 18726494
Vineland FEC ID number of contributing federal political committee.	NJ 08360-6933	Amount of Each Receipt this Period 500.00
Name of Employer South Jersey Healthcare Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼ 500.00	9r
Full Name (Last, First, Middle Initia Mr. Richard J Kathrins, MHA Mailing Address P O Box 723		Date of Receipt 1 1 1 1 2 2 0 1 0
City	State Zip Code	Transaction ID: 18726495
Pomona FEC ID number of contributing federal political committee.	NJ 08240-0723	Amount of Each Receipt this Period 500.00
Name of Employer Bacharach Institute for Rehabilitation Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	er er
Full Name (Last, First, Middle Initia Mr. William D. Kennedy	,	Date of Receipt
Mailing Address 1549 North V	alley Road	11 1 12 2010
City <u>Ma</u> lvern	State Zip Code PA 19355-9796	Transaction ID: 18726496
FEC ID number of contributing federal political committee.	C 19333-9796	Amount of Each Receipt this Period 10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
CURTOTAL of Descirts This Dogs /	optional)	1010.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 114 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Hospital Associati	n using the name and address of ar	old or used by any person ny political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Inition. Mr. Timothy J. Keough Mailing Address 23 Nelson D City Barnegat FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip C NJ 0800 C Occupation	ealth Information Mg	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Inition Mr. Steve E. Krebs Mailing Address 73 Tindall Research City Robbinsville FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip C	nce Services	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initimal Mr. David P. Lavins Mailing Address 10 Fox Chase City Malvern FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	e Road State Zip C	55-3441 fficer	Date of Receipt M M D D 2 0 1 0
SUBTOTAL of Receipts This Page	optional)	>	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Alan Lieber Mailing Address 4 Sun Watch Court City Ramsey FEC ID number of contributing federal political committee. Name of Employer Atlantic Health Receipt For: Primary General	State Zip Code NJ 07446-2123 C Occupation President Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John K Lloyd Mailing Address 1350 Campus Parkwa City Wall Township FEC ID number of contributing federal political committee. Name of Employer Meridian Health	State Zip Code NJ 07753-6821 C Occupation President and Chief Executive Office	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Amy B Mansue Mailing Address 200 Somerset Street City New Brunswick	Aggregate Year-to-Date ▼ 500.00 State Zip Code NJ 08901-1942	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Children's Specialized Hospital Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 781.50	781.50 r
SUBTOTAL of Receipts This Page (optional)		1781.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 718 Teaneck Road City Teaneck FEC ID number of contributing federal political committee. Name of Employer Holy Name Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 07666-4245 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. William A McDonald Mailing Address 703 Main Street City Paterson FEC ID number of contributing federal political committee. Name of Employer St. Joseph's Healthcare System Receipt For: Primary General Other (specify)	State Zip Code NJ 07503-2621 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / 12 2010 Transaction ID: 18726507 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Kerry A. McKean-Kelly Mailing Address 40 Imlaystown Road City East Windsor FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08520-6209 C Occupation Assistant Vice President Aggregate Year-to-Date 220.00	Date of Receipt M M J D D J Z 2 0 1 0 Transaction ID: 18726508 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	>	1010.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 261 (check only one) X 11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may no name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Randall J. Minniear			Date of Receipt
	Mailing Address 3901 Worthington Co			11 / 12 / Y Y Y Y
	City Freehold	State NJ	Zip Code 7728	Transaction ID: 18726511
	FEC ID number of contributing federal political committee.	C	1720	Amount of Each Receipt this Period 10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior VP,	Government Relations	
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Ms. Joann M. Morgano Mailing Address 7 Cottonwood Drive			Date of Receipt
				11 12 2010
	City Lumberton	State NJ	Zip Code 08048-5297	Transaction ID: 18726513
	FEC ID number of contributing federal political committee.	C	00046-3297	Amount of Each Receipt this Period 10.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Director, Ma	arketing & Communicatio	ns
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Ms. Patricia Ostaszewski, MS			Date of Receipt
	Mailing Address 54 Bay Way			M M / D D / Y Y Y Y Y 1 1 1 1 2 2 0 1 0
	City	State	Zip Code	Transaction ID: 18726516
	Brick	NJ	08723-7361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Healthsouth Rehabilitation Hospital of	Occupation Chief Execu		
	Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	7
	Other (specify)		1000.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		520.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 118 / 261 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or the name and address of any pol	used by any persor litical committee to s	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC) 		
Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk			Date of Receipt
City Newtown	State Zip Code PA 18940-92	84	Transaction ID: 18726520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation VP Development & Tr Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr. Mailing Address 4 Poppy Lane			Date of Receipt 1 1 1 1 2 2 0 1 0
City	State Zip Code		Transaction ID: 18726522
Howell	NJ 07731-14	51	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer New Jersey Hospital Assoc- lation	Occupation VP Health Economics	•	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00	
Full Name (Last, First, Middle Initial) Mr. C Richard Sarle, CPA, FACHE Mailing Address P O Box 147			Date of Receipt 1 1 1 2 2 0 1 0
City	State Zip Code		Transaction ID: 18726523
Belle Mead FEC ID number of contributing federal political committee.	NJ 08502-01	47	Amount of Each Receipt this Period
Name of Employer Carrier Clinic	Occupation President and Chief E	xecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	350.00	
	l)		195.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) gory of the	FOR LINE NUMBER: PAGE 119 / 261 check only one) X
Ai	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or us name and address of any politi	sed by any person fo cal committee to soli	or the purpose of soliciting contributions icit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Mr. Michael J. Sniffen Mailing Address 47 Murray Hill Square			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 18726524
	New Providence	NJ 07974-1531	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary's Hospital	Occupation President & CEO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00	
— 3.	Full Name (Last, First, Middle Initial) Ms. Cynthia A. Sorg Mailing Address 33 Second Street			Date of Receipt
				11 12 2010
	City	State Zip Code		Transaction ID: 18726525
	Hopewell FEC ID number of contributing federal political committee.	NJ 08525-2014		Amount of Each Receipt this Period
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Assistant to President		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	220.00	
 ;.	Full Name (Last, First, Middle Initial) Dr Joseph A Trunfio, PhD			Date of Receipt
	Mailing Address 10 Eagle Rock Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 18726527
	Boonton Township FEC ID number of contributing federal political committee.	NJ 07005-9520		Amount of Each Receipt this Period 500.00
	Name of Employer Atlantic Health	Occupation President and Chief Exc	ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼		
				1010.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 120 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or name and address of any po	used by any persor ditical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Deborah K Zastocki			Date of Receipt
	Mailing Address 42 Long Ride Road	Chata Zia Cada		1 1 1 1 2 2 0 1 0
	City Randolph	State Zip Code NJ 07869-45	571	Transaction ID: 18726531 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 07003 40		500.00
	Name of Employer Chilton Memorial Hospital	Occupation President and Chief E	Executive Officer	1
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1000.00	
-	Full Name (Last, First, Middle Initial) Mr. J. Frazer Rolen, Jr. Mailing Address 1317 Branchwater Lar	e		Date of Receipt
				11 15 2010
	City Vestavia	State Zip Code AL 35216-24	105	Transaction ID: 18726533
	FEC ID number of contributing federal political committee.	C 33210-22	1	Amount of Each Receipt this Period
	Name of Employer Alabama Hospital Associat- ion	Occupation Sr. VP & Director, Fe	deral Advocacy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Gregg B. Everett			Date of Receipt
	Mailing Address 109 Ocala Drive			11 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: 18726534
	Montgomery FEC ID number of contributing federal political committee.	AL 36117-69	964	Amount of Each Receipt this Period 1000.00
	Name of Employer Alabama Hospital Associat-	Occupation Sr. Vice President &	General Counsel	
	ion Receipt For:	Aggregate Year-to-Date		_
	Primary General Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)			2500.00

City State Zip Code Montgomery AL 36106-1825 FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code AL 36830-7236 Transaction ID: 18. Amount of Each Receipt Transaction ID: 18. Amount of Each Receipt Date of Receipt Transaction ID: 18. Amount of Each Receipt Transaction ID: 18. Transaction ID: 18. Transaction ID: 18. Date of Receipt Transaction ID: 18. Date of Receipt Transaction ID: 18.	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Mailing Address 547 Le Grand Place City State Zip Code AL 36106-1825 Transaction ID: 18: Amount of Employer Alabama Hospital Associat- Ion Receipt For: Primary General Other (specify) ▼ City State Zip Code AL 36830-7236 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 18: Amount of Each Rec C Transaction ID: 18: Amount of Each Rec Description Transaction ID: 18: Amount of Each Rec Description Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Primary General Other (specify) ▼ 1000.00 Date of Receipt Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Amount of Each Rec Transaction ID: 18: Amount of Each Rec Transaction ID: 18: Transaction ID: 18: Transaction ID: 18: Transaction ID: 18: Amount of Each Rec Date of Receipt Transaction ID: 18: Transaction ID: 18: Transaction ID: 18: Transaction ID: 18: Amount of Each Rec Transaction ID: 18: Tr	or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City State Zip Code Auburn AL 36830-7236 FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Primary General Other (specify) ▼ City State Zip Code AL 36830-7236 Amount of Each Receipt Vice President Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 187 Amount of Each Receipt Vice President Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 187 Amount of Each Receipt Vice President Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 187 Transaction ID: 187 Date of Receipt Transaction ID: 187 Date of Receipt Transaction ID: 187 Amount of Each Receipt Transaction ID: 187 Transaction ID: 187 Amount of Each Receipt Trans	Ms. Rosemary Blackmon Mailing Address 547 Le Grand Place City Montgomery FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For: Primary General	AL 36106-1825 C Occupation Exec. Vice President of Public Relation Aggregate Year-to-Date ▼ 1000.00	Transaction ID: 18726535 Amount of Each Receipt this Period 1000.00
Ms. Roben H Nutter, MBA, CPHQ Mailing Address 2000 Pepperell Parkway City State Zip Code Opelika AL 36801-5452 FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General Date of Receipt M M M / D D D 1 5 Transaction ID: 187 Amount of Each Receipt C Aggregate Year-to-Date ▼	Ms. Carey M. Owen Mailing Address 2520 Springwood Drive City Auburn FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General	AL 36830-7236 C Occupation Vice President Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y
	Ms. Roben H Nutter, MBA, CPHQ Mailing Address 2000 Pepperell Parkway City Opelika FEC ID number of contributing federal political committee. Name of Employer East Alabama Medical Center Receipt For: Primary General	State Zip Code AL 36801-5452 C Occupation Assistant Vice President and General Aggregate Year-to-Date ▼	Transaction ID: 18726537 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional))	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 261 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Sam Price Mailing Address 2000 Pepperell Park	way	Date of Receipt 1 1 1 1 5 2 0 1 0
City Opelika	State Zip Code AL 36802-3201	Transaction ID: 18726538 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Finance Aggregate Year-to-Date 1000.00]
Full Name (Last, First, Middle Initial) Ms. Sarah T. Gray Mailing Address 3010 Pheasant Dr		Date of Receipt 1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 18726539
Opelika FEC ID number of contributing federal political committee.	AL 36801-3363	Amount of Each Receipt this Period 1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President/Information	 T
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Jane Robertson		Date of Receipt
Mailing Address 2161 Wedgewood C	ourt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18726540
Auburn FEC ID number of contributing federal political committee.	AL 36830-2582	Amount of Each Receipt this Period 1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President, Patient Car	<u> —</u> е
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
	1	3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 261 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports and	Statements may not be sold or used by any persone name and address of any political committee to	13 14 15 16	
NAME OF COMMITTEE (In Full) American Hospital Association PAC	e name and address of any political committee to	Solicit contributions from Such committee.	
Full Name (Last, First, Middle Initial) Mr. Christopher Clark		Date of Receipt	
Mailing Address 13045 Sawyer Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18726541	
<u>Opelika</u>	AL 36801	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) Mr. Gregory A. Nichols, CHFM		Date of Receipt	
Mailing Address 22136 Veterans Mem	ailing Address 22136 Veterans Memorial Pkwy		
City	State Zip Code	Transaction ID: 18726542	
Lafayette	AL 36862-3022	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President, Operations		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
Full Name (Last, First, Middle Initial) Ms. Carol Murphey	<u> </u>	Date of Receipt	
Mailing Address 2710 Rocky Brook Ro		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18726543	
<u>Opelika</u>	AL 36801-2132	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	1000.00	
Name of Employer East Alabama Medical Cent- er	Occupation Asst. VP/ Outside Operations		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	1000.00		
	I	3000.00	

rinformation copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
, ,		
Full Name (Last, First, Middle Initial) Ms. Danne J. Howard		Date of Receipt
Mailing Address 1225 Chadwick Lane		11 15 / Y Y Y Y Y Y
		Transaction ID: 18726544
FEC ID number of contributing rederal political committee.	C 30117-0902	Amount of Each Receipt this Period 500.00
Name of Employer Alabama Hospital Associat- ion Receipt For:	Occupation Senior Vice President Government Re Aggregate Year-to-Date ▼	- lat
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Jane Knight Mailing Address 1612 Salisbury Place	Date of Receipt	
City.	State Zin Code	11 15 2010
•	•	Transaction ID: 18726545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alabama Hospital Associat- ion	Occupation Vice President, Member Relations	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Talana Bell		Date of Receipt
Mailing Address P O Box 6907		M M / D D / Y Y Y Y Y 1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 18726546
Dothan	AL 36302-6907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Flowers Hospital	Occupation Chief Financial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
BTOTAL of Receipts This Page (optional)		1500.00
IN THE PARTY OF TH	Mailing Address 1225 Chadwick Lane City Montgomery FEC ID number of contributing ederal political committee. Name of Employer Alabama Hospital Associaton Receipt For: Primary General Other (specify) Mailing Address 1612 Salisbury Place City Montgomery FEC ID number of contributing ederal political committee. Name of Employer Alabama Hospital Associaton Receipt For: Primary General Other (specify) City Montgomery FEC ID number of contributing ederal political committee. Name of Employer Alabama Hospital Associaton Receipt For: Primary General Mailing Address P O Box 6907 City Dothan FEC ID number of contributing ederal political committee. Name of Employer Flowers Hospital Receipt For: Primary General Other (specify) Brotal of Receipts This Page (optional)	Mailing Address 1225 Chadwick Lane City State Zip Code AL 36117-8962 C

City Anniston AL 36202-2208 FEC ID number of contributing federal political committee. Name of Employer Northeast Alabama Regional Medical Cen Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James G Chastain, FACHE Mailing Address P O Box 157-A City State Zip Code MS 39193-0157 FEC ID number of contributing federal political committee. Name of Employer Mississippl Stafe Hospital Director Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnson Place City State Zip Code NJ 08901-1928 Date of Receipt Transaction ID: 18726555 Amount of Each Receipt this Per Date of Receipt M 1 1 0 9 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A. Mr. J. David McComack Mailing Address P O Box 2208 City State Zip Code Anniston AL 36202-2208 FEC ID number of contributing federal political committee. Name of Employer Northeast Alabama Regional Medical Can Receipt For: Primary General Other (specify) ▼	ommercial purposes, other than using the nar ME OF COMMITTEE (In Full)	ments may not be sold or used by any perso ne and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Medical Cen Receipt For: Primary	J. David McCormack ling Address P O Box 2208 niston C ID number of contributing	AL 36202-2208	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mr. James G Chastain, FACHE Mailing Address P O Box 157-A City State Zip Code Whitfield MS 39193-0157 FEC ID number of contributing federal political committee. Name of Employer Mississippi State Hospital Primary General Other (specify) ▼ City State Zip Code MS 39193-0157 Amount of Each Receipt this Per Aggregate Year-to-Date ▼ 1 1 2 2 0 Transaction ID: 18726555 Amount of Each Receipt this Per Aggregate Year-to-Date ▼ 1 1 1 2 2 0 Transaction ID: 18726600 Transaction ID: 18726600 Amount of Each Receipt this Per 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1 250 Primary General Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼	dical Cen eipt For: Primary General	President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
City State Zip Code MS 39193-0157 FEC ID number of contributing federal political committee. Name of Employer Mississippi State Hospital Primary General Other (specify) ▼ City State Zip Code MS 39193-0157 Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnson Place City State Zip Code New Brunswick NJ 08901-1928 FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Aggregate Year-to-Date ▼ Cocupation Director Date of Receipt MM M M M M M M M M M M M M M M M M M	James G Chastain, FACHE		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Mississippi State Hospital Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnson Place City State Zip Code NJ 08901-1928 FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Occupation Date of Receipt M M M D D D D Y Y Y D D D D D D D D D D		State Zip Code	
Name of Employer Mississippi State Hospital Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnson Place City New Brunswick FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Occupation Director Aggregate Year-to-Date ▼ 1250 Date of Receipt Transaction ID: 18726600 Amount of Each Receipt this Per 1250 Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	uitfield	MS 39193-0157	Amount of Each Receipt this Period
Mississippi State Hospital Director	eral political committee.	C	87.50
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Stephen K Jones Mailing Address 1 Robert Wood Johnson Place City State Zip Code New Brunswick NJ 08901-1928 FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y D D D D D D D D D D D D	sissinni State Hosnital III	•	
Mailing Address 1 Robert Wood Johnson Place City State Zip Code New Brunswick FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Date of Receipt Transaction ID: 18726600 Amount of Each Receipt this Per C 1250	eipt For: Primary General	Aggregate Year-to-Date ▼	
Mailing Address 1 Robert Wood Johnson Place City State Zip Code New Brunswick NJ 08901-1928 FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Aggregate Year-to-Date ▼ 11 1 1 1 2 2 0 Transaction ID: 18726600 Amount of Each Receipt this Per 1250 Aggregate Year-to-Date ▼	,	Date of Receipt	
City State Zip Code New Brunswick NJ 08901-1928 FEC ID number of contributing federal political committee. Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General State Zip Code Transaction ID: 18726600 Amount of Each Receipt this Per 1250 C Aggregate Year-to-Date ▼	•	M M / D D / Y Y Y Y	
New Brunswick NJ 08901-1928 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. C 1250 Amount of Each Receipt this Per 1250 1		State Zip Code	
Table 1 Name of Employer Robert Wood Johnson Health System & Ne Receipt For: Primary General Occupation President and Chief Executive Officer Aggregate Year-to-Date Aggregate Year-to-Date 2500.00	w Brunswick	NJ 08901-1928	Amount of Each Receipt this Period
System & Ne Receipt For: Primary General President and Chief Executive Officer Aggregate Year-to-Date ▼		C	1250.00
Primary General 3500 00	tem & Ne	President and Chief Executive Officer	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	OTAL of Receipts This Page (optional)		1837.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An	for commercial purposes, other than using the	statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Bosley		Date of Receipt
	Mailing Address 781 Norway Avenue	7.0.1	11 1 2 2010
	City Huntington	State Zip Code WV 25705-3830	Transaction ID: 18726776 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St. Mary's Medical Center	Occupation VP Patient Care Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Glenn Crotty, Jr MD Mailing Address P O Box 1547	Date of Receipt	
		11 12 2010	
	City Charleston	State Zip Code WV 25326-1547	Transaction ID: 18726777 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Charleston Area Medical Center Health	Occupation Executive VP & COO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Ms. Vickie Gay	I	Date of Receipt
	Mailing Address P O Box 270		1 1 1 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18726778
	Montgomery FEC ID number of contributing federal political committee.	WV 25136-0270	Amount of Each Receipt this Period 250.00
	Name of Employer Montgomery General Hospit- al	Occupation Chief Executive Officer	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)		750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 261 (check only one) X
Any or fo	information copied from such Reports and r commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
1	IAME OF COMMITTEE (In Full) American Hospital Association PAC	7,	
	rull Name (Last, First, Middle Initial) Mr. Larry C Hudson		Date of Receipt
N	Mailing Address P O Box 1547		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18726781
_	Charleston	WV 25326-1547	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	250.00
N	lame of Employer Charleston Area Medical Center Health	Occupation Executive Vice President and Chief F	
	Receipt For:	Aggregate Year-to-Date ▼	'''
	Primary General Other (specify) ▼	500.00]
	ull Name (Last, First, Middle Initial) As. Evelyn Letnaunchyn		Date of Receipt
N	Mailing Address 225 Ariel Heights	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C	City	State Zip Code	Transaction ID: 18726782
<u>(</u>	Charleston	WV 25311-1143	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	500.00
N	lame of Employer I/A	Occupation Homemaker	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	rull Name (Last, First, Middle Initial) Mr. John A. May		Date of Receipt
_	Mailing Address 7 Sun Bonnet Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	City	State Zip Code	Transaction ID: 18726784
<u>N</u>	Morgantown	WV 26508-2536	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	250.00
N	lame of Employer Vetzel County Hospital	Occupation Chief Financial Officer	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John E Walker, FACHE Mailing Address 20 Hospital Drive City Logan	State Zip Code WV 25601-3452	Date of Receipt 1 1 2 2 0 1 0 Transaction ID: 18726792 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Logan Regional Medical Center Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 400.00	400.00
Full Name (Last, First, Middle Initial) Mr. Robert D Whitler Mailing Address P O Box 1547		Date of Receipt
City Charleston FEC ID number of contributing federal political committee.	State Zip Code WV 25326-1547	Transaction ID: 18726794 Amount of Each Receipt this Period 250.00
Name of Employer Charleston Area Medical Center Health Receipt For: Primary General Other (specify)	Occupation Vice President Government and Com Aggregate Year-to-Date 500.00	nmunit
Full Name (Last, First, Middle Initial) Ms. Nancy D. Adams, RN Mailing Address Parkside Estate 327 Fisher Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City <u>Cumberland</u> FEC ID number of contributing	State Zip Code MD 21502-6372	Transaction ID: 18726806 Amount of Each Receipt this Period 17.00
Name of Employer Memorial Hospital and Medical Center o Receipt For: Primary General	Occupation Senior VP/Chief Nurse Executive Aggregate Year-to-Date 204.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	667.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Thomas C Dowdell FACHE			Date of Receipt
	Mailing Address 1026 Cherrywood Aver	nue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18726808
	Cumberland	MD	21502-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		34.00
	Name of Employer Memorial Hospital and Med-	Occupation Senior Vi	n ice President and Chief Ope	
	ical Center o . Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		221.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Mark S Rulle			Date of Receipt
	Mailing Address 1148 Hamilton Blvd.	1 1 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18726814
	<u>Hagerstown</u>	MD	21742-3339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.00
	Name of Employer Maryland Hospital Associa- tion	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		255.00	
_	Full Name (Last, First, Middle Initial) Mr. Larry D. Davis			Date of Receipt
•	Mailing Address 2489 Heritage Park Ro	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18726839
	<u>Piggott</u>	AR	72454-1321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pemiscot Memorial Health	Occupation Chief Fin	n ancial Officer	
	System Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	33 23 30	250.00]
Γ				539.00
-	SUBTOTAL of Receipts This Page (optional)		······	339.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 261 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Kerry L Noble Mailing Address P O Box 489			Date of Receipt 1 1 1 1 2 2 0 1 0
City Hayti FEC ID number of contributing federal political committee.	State MO	Zip Code 63851-0489	Transaction ID: 18726844 Amount of Each Receipt this Period 250.00
Name of Employer Pemiscot Memorial Health System Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Administ Aggregate		
Full Name (Last, First, Middle Initial) Mr. Robert A. Malson Mailing Address 1850 Redwood Terr	,		
City Washington FEC ID number of contributing	State DC	Zip Code 20012-1023	1 1 1 2 2 0 1 0 Transaction ID: 18726850 Amount of Each Receipt this Period 350.00
Receipt For: Primary Other (specify) ▼	Occupatio Presiden	nt & Chief Executive Officer e Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Mr. John T Fox Mailing Address 1440 Clifton Road N	NE, Suite 309		Date of Receipt
City Atlanta FEC ID number of contributing federal political committee.	State GA	Zip Code 30322-1053	Transaction ID: 18727323 Amount of Each Receipt this Period 500.00
Name of Employer Emory Healthcare	Occupatio Chief Ex	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)		1100.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 261 (check only one) X 11a 11b 11c 12
Any information copied from such Reports are	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		Solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Lynda D Curtis		Date of Receipt
Mailing Address 462 First Avenue		M M / D D / Y Y Y Y Y Y 1 1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 18727347
New York	NY 10016-9196	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Bellevue Hospital Center	Occupation Senior Vice President and Executive	Di
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Roger E Green	1	Date of Receipt
Mailing Address 559 Capitol Bouleva	ard, 6-South	1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 18727413
Saint Paul	MN 55103-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer HealthEast Care System	Occupation Vice President Strategy, Policy and C	 Co
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.98	
Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa		Date of Receipt
Mailing Address 2550 University Ave	enue W.	1 1 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 18727472
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	450.00
Name of Employer Minnesota Hospital Associ- ation	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1125.00	
		820.83

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Mr. Thomas O'Connor Mailing Address 4050 Coon Rapids Bou	ulevard		Date of Receipt 1 1 1 5 2 0 1 0
	City Coop Bonido	State	Zip Code	Transaction ID: 18727473
	Coon Rapids FEC ID number of contributing federal political committee.	C	55433-2522	Amount of Each Receipt this Period 25.46
	Name of Employer Mercy Hospital Receipt For:	Occupatio Presiden	t	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 224.55	
3.	Full Name (Last, First, Middle Initial) Mr. Gary Bebow, FACHE Mailing Address P O Box 2197			Date of Receipt 1 1 1 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18731135
	<u>Batesville</u>	AR	72503-2197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		228.00
	Name of Employer White River Medical Center	Occupatio Administ	n rator and Chief Executive Of	ffi
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 228.00	
-).	Full Name (Last, First, Middle Initial) Dr. Roger M. Busfield, Jr., PhD,	,		
	Mailing Address 419 Natural Resources	M M / D D / Y Y Y Y Y 1 1 1 1 1 6 2 0 1 0		
	City	State	Zip Code	Transaction ID: 18731136
	Little Rock FEC ID number of contributing	AR	72205-1576	Amount of Each Receipt this Period
	federal political committee.	C		325.00
	Name of Employer Arkansas Hospital Associa- tion		t Emeritus	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00]
	SUBTOTAL of Receipts This Page (optional)			578.46
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 261 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Darren Caldwell		Date of Receipt
Mailing Address P O Box 32		11 16 2010
City	State Zip Code	Transaction ID: 18731137
De Witt	AR 72042-0032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	228.00
Name of Employer DeWitt Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	
Full Name (Last, First, Middle Initial) Mr. David Cicero		Date of Receipt
Mailing Address P O Box 797		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18731138
Camden	AR 71711-0797	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer Ouachita County Medical Center	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Ms. Kristy Estrem, FACHE	_	Date of Receipt
Mailing Address 214 Carter Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18731142
Berryville	AR 72616-4303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	228.00
Name of Employer St. John's Hospital-Berry- ville	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	228.00	
		781.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 261 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert Gant Mailing Address 25 White Oak Drive	9		Date of Receipt
City Conway FEC ID number of contributing	State AR	Zip Code 72034-3443	1 1 1 6 2 0 1 0 Transaction ID: 18731144 Amount of Each Receipt this Period 325.00
federal political committee. Name of Employer Conway Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupatio Chairma	n n, Board of Directors e Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Mr. Russell D Harrington, Jr Mailing Address 9601 Interstate 630), Exit 7		Date of Receipt 1 1 1 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: 18731145
Little Rock	AR	72205-7202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		244.00
Name of Employer Baptist Health	Occupatio Presiden	n t and Chief Executive Office	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 244.00	
Full Name (Last, First, Middle Initial) Mr. Tim J Johnsen	1		Date of Receipt
Mailing Address 300 Werner Street			1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18731147
Hot Springs Nation FEC ID number of contributing federal political committee.	AR C	71913-6406	Amount of Each Receipt this Period 325.00
Name of Employer St. Joseph's Mercy Health Center		t & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This Page (optional			894.00

for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to s	for the nurnose of soliciting contributions
•		solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Walter E Johnson, Jr.		Date of Receipt
		1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	·	Transaction ID: 18731148
FEC ID number of contributing federal political committee.	C 71003-7009	Amount of Each Receipt this Period 228.00
Name of Employer Jefferson Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 228.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey A Johnston Mailing Address P O Box 17000	1	Date of Receipt
City	State Zip Code	Transaction ID: 18731149
Fort Smith	AR 72917-7000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer St. Edward Mercy Medical Center	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) Mr. Edward L Lacy, FACHE		Date of Receipt
Mailing Address 1800 Bypass Road		1 1 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 18731151
FEC ID number of contributing federal political committee.	AR 72543-9135	Amount of Each Receipt this Period 228.00
Name of Employer Baptist Health Medical Ce- nter-Heber Sp	Occupation Vice President and Administrator	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 228.00	
JBTOTAL of Receipts This Page (optional) .		781.00
	Mailing Address 1600 West 40th Aven City Pine Bluff FEC ID number of contributing federal political committee. Name of Employer Jefferson Regional Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jeffrey A Johnston Mailing Address P O Box 17000 City Fort Smith FEC ID number of contributing federal political committee. Name of Employer St. Edward Mercy Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Edward L Lacy, FACHE Mailing Address 1800 Bypass Road City Heber Springs FEC ID number of contributing federal political committee. Name of Employer Baptist Healfh Medical Center-Heber Sp Receipt For: Primary General Other (specify) ▼ JBTOTAL of Receipts This Page (optional) .	Mailing Address 1600 West 40th Avenue City State Zip Code AR 71603-7089 FEC ID number of contributing federal political committee. Name of Employer Jefferson Regional Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jeffrey A Johnston Mailing Address P O Box 17000 City State Zip Code AR 72917-7000 FEC ID number of contributing federal political committee. Name of Employer St. Edward Mercy Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code AR 72917-7000 City State Zip Code AR 72917-7000 City State Zip Code AR 72917-7000 Cocupation President & Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Occupation State Zip Code AR 72543-9135 City State Zip Code AR 72543-9135

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or 1	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. Robin E Lake			Date of Receipt
	Mailing Address 620 North Main Street			11 1 16 2010
	City Harrison	State AR	Zip Code 72601-2911	Transaction ID: 18731163
	FEC ID number of contributing federal political committee.	C	72001-2911	Amount of Each Receipt this Period 650.00
	Name of Employer North Arkansas Regional Medical Center	Occupation Chief Ex	ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
3.	Full Name (Last, First, Middle Initial) Mr. James M Lambert, FACHE			Date of Receipt
	Mailing Address 2302 College Avenue			11 16 2010
	City	State	Zip Code	Transaction ID: 18731164
	Conway FEC ID number of contributing federal political committee.	AR C	72032-6297	Amount of Each Receipt this Period 228.00
	Name of Employer Conway Regional Medical Center	Occupation Presiden	n It and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 228.00]
 >.	Full Name (Last, First, Middle Initial) Ms Debbie Love			Date of Receipt
	Mailing Address 419 Natural Resources	S Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18731165
	Little Rock FEC ID number of contributing federal political committee.	AR C	72205-1576	Amount of Each Receipt this Period 260.00
	Name of Employer Arkansas Hospital Associa- tion	Occupation Director	n of Financial Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00	
SI	JBTOTAL of Receipts This Page (optional)			1138.00
	OTAL This Period (last page this line number		<u> </u>	

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check on X 11a 13	
Any informati or for comme	on copied from such Reports and S rcial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the pur	pose of soliciting contributions
1 \	F COMMITTEE (In Full) In Hospital Association PAC				
Full Name Mr. Mark L	e (Last, First, Middle Initial) .owman			Date o	of Receipt
Mailing Ad	ddress 9601 Interstate 630, E		7:- 0-1-	1 1	16 2010
City <u>Little Ro</u>	ck	State AR	Zip Code 72205-7299		action ID: 18731166 nt of Each Receipt this Period
FEC ID no	umber of contributing litical committee.	C	722037233	Amour	228.00
Name of E Baptist He	Employer ealth	Occupation Vice Pre-	n sident Strategic Developmer	nt	
Receipt Form Prim		Aggregate	e Year-to-Date ▼ 228.00]	
Mr. Harold	e (Last, First, Middle Initial) E Mitchell, Jr ddress 404 South Bradley Stre	l pot		Date o	of Receipt
	The south bradies Site			1 1	16 2010
City		State	Zip Code		action ID: 18731167
Warren		AR	71671-3493	Amour	nt of Each Receipt this Period
	umber of contributing litical committee.	C			228.00
Name of E Bradley C nter	Employer ounty Medical Ce-	Occupation Administ	n rator and Chief Executive O	ffi	
	or: nary	Aggregate	e Year-to-Date ▼ 228.00]	
	e (Last, First, Middle Initial) Morse, FACHE			Date o	of Receipt
Mailing Ad	ddress POBox 738			м м 1 1	16 / 2010
City		State	Zip Code		action ID: 18731676
<u>Clarksvi</u>		AR	72830-0738	Amour	nt of Each Receipt this Period
federal po	umber of contributing litical committee.	C			228.00
Center	Regional Medical		ecutive Officer and Administ	ra	
Receipt For		Aggregate	e Year-to-Date ▼		
	er (specify) 🔻		228.00		
SUBTOTAL	of Receipts This Page (optional)				684.00
	s Period (last page this line number		<u> </u>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Scott Peek Mailing Address P O Box 639 City Danville FEC ID number of contributing federal political committee. Name of Employer Chambers Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code AR 72833-0639 C Occupation Chief Executive Officer Aggregate Year-to-Date 325.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 6 2 0 1 0 Transaction ID: 18731680 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Ms. Nancy Robertson Mailing Address 7 Crape Myrtle Place City Little Rock FEC ID number of contributing federal political committee. Name of Employer Arkansas Hospital Association Receipt For: Primary General Other (specify)	State Zip Code AR 72210-5654 C Occupation Publications Editor Aggregate Year-to-Date 325.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 6 2 0 1 0 Transaction ID: 18731685 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Ms. Rosi Smith Mailing Address 1 Children's Way City Little Rock FEC ID number of contributing federal political committee. Name of Employer Arkansas Children's Hospital Receipt For: Primary General Other (specify)	State Zip Code AR 72202-3500 C Occupation Government Relations Officer Aggregate Year-to-Date 228.00	Date of Receipt M M J 16 2010 Transaction ID: 18731688 Amount of Each Receipt this Period 228.00
SUBTOTAL of Receipts This Page (optional)		878.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ronald K Rooney, FACHE Mailing Address P O Box 339 City Paragould FEC ID number of contributing federal political committee. Name of Employer Arkansas Methodist Medical Center Receipt For: Primary General Other (specify)	State Zip Code AR 72451-0339 C Occupation President Aggregate Year-to-Date 325.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 1 0 Transaction ID: 18731696 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Ms. Melody Trimble Mailing Address P O Box 17006 City Fort Smith FEC ID number of contributing federal political committee. Name of Employer Sparks Regional Medical Center Receipt For:	State Zip Code AR 72917-7006 C Occupation Chief Executive Officer Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John R Tucker, FACHE Mailing Address 2801 Medical Center I City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Pocahontas FEC ID number of contributing federal political committee. Name of Employer	AR 72455-9436 C Occupation	Amount of Each Receipt this Period 228.00
Name of Employer Five Rivers Medical Center Receipt For: Primary General Other (specify) ▼	Chief Executive Officer Aggregate Year-to-Date 228.00	
SUBTOTAL of Receipts This Page (optional)		878.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Patricia G. Ball Mailing Address 2800 North Dallas F	Ded	Date of Receipt
Mailing Address 2800 North Dallas F Suite 200	Parkway	11 17 2010
City	State Zip Code	Transaction ID: 18731728
Plano	TX 75093-5993	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer LHP Hospital Group	Occupation SVP of Strategic Dev & Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Michael D. Aubin		Date of Receipt
Mailing Address 6445 Renwick Circl	е	M M / D D / Y Y Y Y Y Y Y Y Y Z D 1 D
City	State Zip Code	Transaction ID: 18755251
Tampa FEC ID number of contributing federal political committee.	FL 33647-1176	Amount of Each Receipt this Period
Name of Employer BayCare Health System	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mr. Philip E. Boyce		Date of Receipt
Mailing Address 3563 Phillips Highw Suite 101	ray	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18755252
Jacksonville	FL 32207-5663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Baptist Health	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	
SUBTOTAL of Receipts This Page (optional) >	1030.00
TOTAL This Period (last page this line num	per only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 261 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Full Name (Last, First, Middle Initial) Mr. Paul Clark			Date of Receipt
Mailing Address P O Box 6000			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ocala	State FL	Zip Code 34478-6000	Transaction ID: 18755257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Munroe Regional Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ice President and Chief Ope e Year-to-Date ▼ 210.00	rat
Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter Mailing Address 7285 Heartland Circ	cle		Date of Receipt
City	State	Zip Code	1 1 2 2 2 0 1 0 Transaction ID: 18755272
Tallahassee	FL	32312-7501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Florida Hospital Associat- ion	Occupation Senior Vi	n ice President	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1830.00	
Full Name (Last, First, Middle Initial) Mr. Lars D Houmann			Date of Receipt
Mailing Address 601 East Rollins Str	reet		M M / D D / Y Y Y Y Y 1 Y 1 1 1 2 2 2 2 0 1 0
City Orlando	State FL	Zip Code 32803-1248	Transaction ID: 18755275 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer Florida Hospital	Occupation Presiden		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1210.00	
SUBTOTAL of Receipts This Page (optiona	l))	50.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 261 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠ 4.	Full Name (Last, First, Middle Initial) Mr. Steven M Johnson			Date of Receipt
	Mailing Address P O Box 59515			11 22 7 2010
	City	State	Zip Code	Transaction ID: 18755277
	Panama City	FL	32402-2515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Bay Medical Center	Occupation Presiden	n It and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		620.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. Joe Johnson			Date of Receipt
	Mailing Address 1055 Saxon Bouleval	rd		11 22 7 2010
	City	State	Zip Code	Transaction ID: 18755278
	Orange City	FL	32763-8468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Florida Hospital Fish Mem- orial	Occupation Presiden	n It and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		620.00	
_ ;.	Full Name (Last, First, Middle Initial) Mr. Keith Lundquist	<u> </u>		Date of Receipt
	Mailing Address 1600 Sunny Brook La	ane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18755307
	Palm Bay	<u>FL</u>	32905-6527	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Health First, Inc.	Occupation Vice Pre-	n sident Marketing and Comm	unity
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	320.00	
Γ	CURTOTAL of Descripts This Descriptions (160.00
L	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only))	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael D Means Mailing Address 6450 US Highway 1 City Rockledge FEC ID number of contributing federal political committee. Name of Employer Health First, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 32955-5747 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1185.00	Date of Receipt M M M / 22 / 2010 Transaction ID: 18755309 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Mr. John E. Mines Mailing Address 1991 Killarney Drive City Winter Park FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Association Receipt For: Primary General Other (specify)	State Zip Code FL 32789-3527 C Occupation Senior Vice President Aggregate Year-to-Date 1021.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0 Transaction ID: 18755310 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Mr James Mondello Mailing Address 1204 NW Winters Cree City Palm City FEC ID number of contributing federal political committee. Name of Employer Martin Memorial Health Systems Receipt For: Primary General Other (specify)	State Zip Code FL 34990-8086 C Occupation Trustee Aggregate Year-to-Date 270.00	Date of Receipt M M / D D / Y Y Y Y 1 1 1 2 2 2 2 0 1 0 Transaction ID: 18755311 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 261 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Phillis Oeters Mailing Address 6855 Red Road, Suit	re 600	Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18755337
<u>Miami</u>	FL 33143-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Health South Flor- ida	Occupation Corporate Vice President Government	nt an
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen A Purves, FACHE Mailing Address P O Box 6000		Date of Receipt
City	State Zip Code	11 22 2010
Ocala	FL 34478-6000	Transaction ID: 18755341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer Munroe Regional Medical Center	Occupation President and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1110.00	
Full Name (Last, First, Middle Initial) Mr. Mark E Robitaille		Date of Receipt
Mailing Address P O Box 9010		11 22 7 2010
City Stuart	State Zip Code FL 34995-9010	Transaction ID: 18755343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer Martin Memorial Health Sy- stems	Occupation President and Chief Executive Office	r
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1110.00	
		620.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 261 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Timothy K Skeldon Mailing Address 951 North Washington	n Avenue	Date of Receipt 1 1 2 2 2 2 1 2 0 1 0
City	State Zip Code	Transaction ID: 18755347
Titusville	FL 32796-2194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	310.00
Name of Employer Parrish Medical Center	Occupation Senior Vice President and Chief Fina	ind
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00]
Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield	0.44- 000	Date of Receipt
Mailing Address 1717 North 'E' Street,	Suite 320	11 22 2010
City	State Zip Code	Transaction ID: 18755349
Pensacola	FL 32501-6377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer Baptist Health Care Corpo- ration	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00]
Full Name (Last, First, Middle Initial) Mr. Daryl Tol		Date of Receipt
Mailing Address 701 West Plymouth A		1 1 2 2 2 2 1 0
City	State Zip Code FL 32720-3236	Transaction ID: 18755351
<u>Deland</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Florida Hospital DeLand	Occupation President and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
. ∠_ 	Full Name (Last, First, Middle Initial) Dr Allen S Weiss, MD Mailing Address P O Box 413029 City Naples FEC ID number of contributing federal political committee.	State Zip Code FL 34101-3029	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 2 2 2 2 0 1 0 Transaction ID: 18755357 Amount of Each Receipt this Period 500.00
	Name of Employer NCH Downtown Naples Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼ 500.00	er
3.	Full Name (Last, First, Middle Initial) Mr. Melvyn Patashnick Mailing Address 528 Washington Highw	ray	Date of Receipt
	City	State Zip Code	Transaction ID: 18756355
	Morrisville	VT 05661-8973	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Copley Hospital	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Paula Minnehan		Date of Receipt
	Mailing Address 283 Gallopiny Hill Road	d	1 1 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18756427
	Hopkinton	NH 03229-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer New Hampshire Hospital As- sociation	Occupation V.P., Finance and Rural Hospitals	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
S	UBTOTAL of Receipts This Page (optional)		880.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen		Date of Receipt
	Mailing Address 125 Airport Road		11 22 4 2010
	Capacid	State Zip Code NH 03301-7300	Transaction ID: 18756428
	Concord FEC ID number of contributing federal political committee.	NH 03301-7300	Amount of Each Receipt this Period 83.33
	Name of Employer New Hampshire Hospital Association Receipt For: Primary General	Occupation President and CEO Aggregate Year-to-Date 666.68	7
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Peter L Gosline Mailing Address 452 Old Street Road		Date of Receipt
	City	State Zip Code	11 19 2010
	Peterborough	State Zip Code NH 03458-1295	Transaction ID: 18756430 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Monadnock Community Hospi- tal	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr. Scott W Howe		Date of Receipt
	Mailing Address 173 Middle Street		11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18756431
	Lancaster	NH 03584-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Weeks Medical Center	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		783.33

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 148 / 261 (check only one) X
Any or fo	information copied from such Reports and S r commercial purposes, other than using the	tatements may not be so name and address of a	old or used by any persony political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Hospital Association PAC			
	ull Name (Last, First, Middle Initial) Ms. Patricia R. Goldman			Date of Receipt
_	Mailing Address 9 Farm Haven Court			11 1 7 2010
	City Rockville	State Zip C MD 2085	Code 52-4231	Transaction ID: 18756432 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	JZ-4201	500.00
N A ti	lame of Employer American Hospital Associa- on-Washingt	Occupation Senior Associate	Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	500.00	1
. <u>N</u>	full Name (Last, First, Middle Initial)		0 0 0 0 0 0	Date of Receipt
N	Mailing Address P O Box 579			11 22 2010
	City	State Zip C	Code	Transaction ID: 18756435
_	Afton	WY 8311	10-0579	Amount of Each Receipt this Period
fe _	EC ID number of contributing ederal political committee.	C		250.00
_	lame of Employer Star Valley Medical Center	Occupation Chief Executive C	Officer	
R	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	Date ▼ 250.00]
	full Name (Last, First, Middle Initial) Mr. Ron O. Purcell			Date of Receipt
M	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip C		Transaction ID: 18756440
F	Eagle EG ID number of contributing ederal political committee.	ID 836	16-5369	Amount of Each Receipt this Period 62.50
ti	lame of Employer American Hospital Associa- ion-Chicago	Occupation Regional Executiv	ve	
R	Receipt For: Primary General Other (specify)	Aggregate Year-to-D	Date ▼ 522.50	
CIII	BTOTAL of Receipts This Page (optional)	ı		812.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Robert C Khayat, Jr.		Date of Receipt
Mailing Address 223 Superior Avenue		11 1 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756443
<u>Decatur</u>	GA 30030-1816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	385.00
Name of Employer King & Spalding	Occupation Partner Govt. Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	385.00	
Full Name (Last, First, Middle Initial) Mr. A James Budzinski		Date of Receipt
Mailing Address 805 Sandy Plains Roa	ad	11 16 2010
City	State Zip Code	Transaction ID: 18756504
<u>Marietta</u>	GA 30066-6340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WellStar Health System	Occupation Executive Vice President and Chief Fire	n
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan		Date of Receipt
Mailing Address 201 Graylyn Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756516
Anderson	SC 29621-1985	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer AnMed Health Medical Cent- er	Occupation Director of Urgent Care	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional) .		1385.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 261 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may he name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Jerry A Parrish Mailing Address 800 North Fant Stree City Anderson FEC ID number of contributing federal political committee. Name of Employer AnMed Health	State SC C Occupation Vice Pres	sident	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 1 0 Transaction ID: 18756517 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Mark S Nantz Mailing Address One St Francis Drive	•		Date of Receipt 1 1 1 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: 18756518
Greenville	SC	29601-3999	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bon Secours St. Francis Health System Receipt For: Primary General Other (specify) ▼		ecutive Officer Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Ms. Suzanne White	1		Date of Receipt
Mailing Address 701 Grove Road			11 16 2010
City	State	Zip Code	Transaction ID: 18756519
Greenville FEC ID number of contributing federal political committee.	SC	29605-5611	Amount of Each Receipt this Period 250.00
Name of Employer Greenville Hospital System	Occupation Vice Pres	n sident, Chief Nursing Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	<u>'</u>		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor le name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. W Stuart Smith		Date of Receipt
Mailing Address 169 Ashley Avenue		1 1 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756520
Charleston	SC 29425-8905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MUSC Medical Center of Me- dical Univers	Occupation Executive Director and Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. James Kirby, II		Date of Receipt
Mailing Address 26 Moise Drive		11 16 7 2010
City	State Zip Code	Transaction ID: 18756521
Sumter	SC 29150-4235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Regional Healthcare	Occupation Sr. Vice President/CAO]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James A Pfeiffer, FACHE	_ L	Date of Receipt
Mailing Address 1325 Spring Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756522
Greenwood	SC 29646-3860	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Regional Healthcare	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 152 / 261 (check only one) X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Craig White		Date of Receipt
Mailing Address 1325 Spring Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756523
Greenwood	SC 29646-3860	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Regional Healthcare	Occupation Vice President Corporate Compliance	an
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Gregg Martin		Date of Receipt
Mailing Address 129 North Washingt	on Street	M M / D D / Y Y Y Y Y Y 1 1 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 18756524
Sumter	SC 29150-4949	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tuomey Healthcare System	Occupation Senior Vice President and Chief Opera	at
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Gayle Capozzalo Heil		Date of Receipt
Mailing Address 789 Howard Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756526
New Haven	CT 06519-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Yale New Haven Health Sys- tem	Occupation Executive Vice President]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
	<u> </u>	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 261 (check only one) X
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Vincent Petrini		Date of Receipt
Mailing Address 20 York Street	State Zin Code	11 19 2010
City <u>New Haven</u>	State Zip Code CT 06510-3220	Transaction ID: 18756527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yale New Haven Health Sys- tem	Occupation Senior VP of Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Patricia Susan Fitzsimons Mailing Address 20 York Street		Date of Receipt
		11 19 2010
City New Haven	State Zip Code CT 06510-3220	Transaction ID: 18756529 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yale-New Haven Hospital	Occupation Sr. Vice President of Patient Services	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Frank A Corvino		Date of Receipt
Mailing Address 5 Perryridge Road		11 1 9 2010
City <u>Greenwich</u>	State Zip Code CT 06830-4697	Transaction ID: 18756530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 00000-4097	500.00
Name of Employer Greenwich Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	·	1000.00
TOTAL This Period (last page this line numbe	·	

Mailing Address 20 York Street City New Haven CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Norman G. Roth Mailing Address 20 York Street City State Zip Code CT 06510-3220 Date of Mailing Address 20 York Street City State Zip Code Transa Amour FEC ID number of contributing federal political committee. Vame of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Cc. Full Name (Last, First, Middle Initial) Mailing Address 789 Howard Avenue City New Haven CT 06519-1304 FEC ID number of contributing federal political committee. City New Haven CT 06519-1304 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Cc. Name of Employer Yale New Haven Health System Receipt For: Primary General Occupation Executive Vice President Aggregate Year-to-Date ▼ Amour Amour Amour Amour Amour Aggregate Year-to-Date ▼ Amour Aggregate Year-to-Date ▼ Amour Amour Aggregate Year-to-Date ▼ Amour Amour Amour Amour Aggregate Year-to-Date ▼ Amour Aggregate Year-to-Date ▼ Amour Aggregate Year-to-Date ▼	NUMBER: PAGE 154 / 261 ly one) 11b 11c 12 14 15 16 17
A. American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Kevin A. Myatt Mailing Address 20 York Street City State Zip Code CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Norman G. Roth Mailing Address 20 York Street City State Zip Code Transa Amour Aggregate Year-to-Date ▼ Fill Name (Last, First, Middle Initial) Mr. Norman G. Roth Mailing Address 20 York Street City State Zip Code Transa Amour FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City New Haven City State Zip Code Transa Amour Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City Ner. Richard D'Aquila Mailing Address 789 Howard Avenue City New Haven City New Haven Coccupation Senior Vice President Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City New Haven City New Haven Coccupation FEC ID number of contributing federal political committee. City New Haven Coccupation FEC ID number of contributing federal political committee. City Name of Employer Yale New Haven Health System Coccupation Executive Vice President Aggregate Year-to-Date ▼ Primary General Coccupation Executive Vice President Aggregate Year-to-Date ▼	pose of soliciting contributions butions from such committee.
Mailing Address 20 York Street City State Zip Code CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital State Zip Code CT 06510-3220 FUIl Name (Last, First, Middle Initial) Shew Haven CT 06510-3220 FEC ID number of contributing federal political committee. City State Zip Code Transa Amour FEC ID number of contributing federal political committee. City State Zip Code Transa Amour FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Senior Vice President Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) State Today Senior Vice President Receipt For: Primary General City State Zip Code Transa Amour FEC ID number of contributing federal political committee. City State Zip Code Transa Amour FEC ID number of contributing Senior Vice President Receipt For: Primary General City State Zip Code Transa Amour City State Zip Code Transa Amour FEC ID number of contributing State Transa Amour FEC ID Number Stat	
City New Haven CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Norman G. Roth Mailing Address 20 York Street City Name of Employer Yale New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code Transa Amour C C Caty State Zip Code Transa Amour C C Date of Aggregate Year-to-Date Primary General Other (specify) ▼ Cuty State Zip Code Transa Amour C C Date of Transa Amour FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ C C Caty State Zip Code Transa Amour C Date of Transa Amour C C C C C C C C C C C C C	f Receipt
New Haven CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Mr. Norman G. Roth Mailing Address 20 York Street City State Zip Code CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System General Other (specify) ▼ 250.00 Cucupation Senior Vice President Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa Amour Senior Vice President Se	19 2010
FEC ID number of contributing federal political committee. Name of Employer Yale-New Haven Hospital Sr. Vice President, Human Resources Receipt For: Primary	action ID: 18756531 nt of Each Receipt this Period
Receipt For: Primary	250.00
Primary General Other (specify) ▼	
Mr. Norman G. Roth Mailing Address 20 York Street City State Zip Code Transa New Haven CT 06510-3220 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue Fec ID number of contributing federal political committee. City State Zip Code Transa New Haven CT 06519-1304 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Executive Vice President Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
City New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary Other (specify) City State	f Receipt
New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Occupation Senior Vice President Aggregate Year-to-Date ▼ Transa CT 06519-1304 C C Name of Employer Yale New Haven Health System Receipt For: Primary General Amour Aggregate Year-to-Date ▼ Occupation Executive Vice President Aggregate Year-to-Date ▼	19 2010
FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue PEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Occupation Senior Vice President Aggregate Year-to-Date ▼ Date of Transa Amount C Occupation Executive Vice President Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	ction ID: 18756532
Full Name (Last, First, Middle Initial) Mailing Address 789 Howard Avenue City New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ City State Zip Code CT O6519-1304 CT Cocupation Senior Vice President Aggregate Year-to-Date ▼ Date of CT Transa CT Occupation CC M	nt of Each Receipt this Period
Yale New Haven Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa New Haven CT 06519-1304 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Senior Vice President Aggregate Year-to-Date ▼ Occupation Executive Vice President Aggregate Year-to-Date ▼	250.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa New Haven CT 06519-1304 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Aggregate Year-to-Date ▼ Occupation Executive Vice President Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa New Haven CT 06519-1304 Amount FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Date of C Aggregate Year-to-Date ▼	
Mr. Richard D'Aquila Mailing Address 789 Howard Avenue City State Zip Code Transa New Haven CT 06519-1304 FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General Date of Occupation Executive Vice President Aggregate Year-to-Date ▼	
City New Haven FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary State Zip Code CT O6519-1304 Amoun C Occupation Executive Vice President Aggregate Year-to-Date Aggregate Year-to-Date	f Receipt
New Haven CT 06519-1304 Amount FEC ID number of contributing federal political committee. C Name of Employer Yale New Haven Health System Receipt For: Primary General Amount Aggregate Year-to-Date Aggregate Year-to-Date	19 2010
FEC ID number of contributing federal political committee. Name of Employer Yale New Haven Health System Receipt For: Primary General C Occupation Executive Vice President Aggregate Year-to-Date ▼	ction ID: 18756533
Name of Employer Yale New Haven Health System Receipt For: Primary General Occupation Executive Vice President Aggregate Year-to-Date Aggregate Year-to-Date	nt of Each Receipt this Period
tem Executive vice President Receipt For: Aggregate Year-to-Date ▼ Primary General	350.00
Primary General	
Other (specify) ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Peter J Karl Mailing Address 71 Haynes Street City Manchester FEC ID number of contributing federal political committee. Name of Employer Eastern Connecticut Health Network Receipt For: Primary General Other (specify)	State Zip Code CT 06040-4131 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Christopher M Dadlez Mailing Address 490 Blue Hills Avenue City Hartford FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CT 06112-1513 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mount Sinai Rehabilitation Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Crystal L. Haynes	President and Chief Executive Officer Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
Mailing Address 3924 Flora Place City Saint Louis FEC ID number of contributing	State Zip Code MO 63110-3733	Transaction ID: 18756542 Amount of Each Receipt this Period 1000.00
Name of Employer Saint Louis University Hospital Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	2250.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. William K Mahoney		Date of Receipt
	Mailing Address P O Box 650	Ctata Zin Cada	1 1 1 6 2 0 1 0 2 0 1 0
	City <u>Branson</u>	State Zip Code MO 65615-0650	Transaction ID: 18756566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Skaggs Regional Medical Center	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) Mr. W Scott Burnette		Date of Receipt
	Mailing Address P O Box 90		1 1 1 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: 18756614
	South Hill FEC ID number of contributing federal political committee.	VA 23970-0090	Amount of Each Receipt this Period 350.00
	Name of Employer Community Memorial Health- center	Occupation President and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
_ c.	Full Name (Last, First, Middle Initial) Mr. Jeffrey P King		Date of Receipt
	Mailing Address 925 Ditchley Rd		1 1 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: 18756616
	Virginia Beach FEC ID number of contributing federal political committee.	VA 23451-3740	Amount of Each Receipt this Period 350.00
	Name of Employer Sentara Healthcare	Occupation Legal Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00
	TOTAL This Period (last page this line number	· ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any p name and address of any political committe	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Darlene Vrotsos		Date of Receipt
Mailing Address 2653 Park Tower Drive		1 1 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 18756619
<u>Vienna</u>	VA 22180-7386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Virginia Hospital Center -	Occupation	
Arlington	Chief Nursing Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Bruce Werness, MD		Date of Receipt
Mailing Address 10020 Park Royal Drive)	1 1 1 6 2 0 1 0
City	State Zip Code	Transaction ID: 18756620
Great Falls	VA 22066-1847	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Fair Oaks Hospital	Occupation Director/Dept of Pathology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Ralph Whatley		Date of Receipt
Mailing Address 85 Stoneledge Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756621
Roanoke	VA 24019-8503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Carilion Clinic	Occupation Medical Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 261 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Sharon Zrioka Mailing Address 5109 Wyndham Ro	ose Cove		Date of Receipt
City Centreville FEC ID number of contributing	State VA	Zip Code 20120-4138	Transaction ID: 18756622 Amount of Each Receipt this Period 350.00
Receipt For: Primary Other (specify)	Occupation Director H	Home Health Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Carl Biggs Mailing Address 2225 Aryness Drive	e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vienna FEC ID number of contributing federal political committee.	State VA	Zip Code 22181-3047	Transaction ID: 18756623 Amount of Each Receipt this Period 350.00
Name of Employer Inova Health System Receipt For: Primary General Other (specify) ▼	Occupation Trustee Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Patricia L. Robertson Mailing Address 205 Oxford Circle V	West		Date of Receipt
City Richmond FEC ID number of contributing federal political committee.	State VA	Zip Code 23221-3250	Transaction ID: 18756624 Amount of Each Receipt this Period 350.00
Name of Employer Bon Secours St. Mary's Ho- spital Receipt For: Primary Other (specify) ▼		Vice President & Administr Year-to-Date ▼ 350.00	at
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph A. Carr Mailing Address 2378 Orchard Crest B City Manasquan FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08736-4001 C Occupation Chief Information Officer Aggregate Year-to-Date 230.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Ms. Jessica Cohen Mailing Address 760 Alexander Road City Princeton FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08540-6305 C Occupation Director Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City Langhorne FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code PA 19047-2306 C Occupation Vice President, Human Resources Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 18756635 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 261 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any pers le name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John A DiAngelo Mailing Address 2950 College Drive, S	Suite 1E	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756641
Vineland FEC ID number of contributing federal political committee.	NJ 08360-6933	Amount of Each Receipt this Period 250.00
Name of Employer South Jersey Healthcare	Occupation Senior Vice President Finance and C	Chie
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Mary A. Ditri Mailing Address 9 Jumping Brook Driv	/e	Date of Receipt
City	State Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 18756642
<u>Neptune</u>	NJ 07753-3326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein		Date of Receipt
Mailing Address 27 Harvest Lane		11 19 2010
City Livingston	State Zip Code NJ 07039-2750	Transaction ID: 18756645
FEC ID number of contributing federal political committee.	C 07039-2/30	Amount of Each Receipt this Period 10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Vice President Continuing Care Serv	rice
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
		270.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) Anerican Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Eich Proteintine Mailing Address 9 Wypriorft Drive City State Zip Code Woodbine NJ 08270-3803 FEC ID number of contributing federal political committee. Name of Employer South Jersey Healthcare Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sam J. Hopkins Mailing Address 6180 Lower Mountain Road City State Zip Code PA 18383-5760 PEC ID number of contributing federal political committee. City State Zip Code PA 18383-5760 Date of Receipt Transaction IDs: 18756633 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code PA 18383-5760 FEC ID number of contributing federal political committee. City State Zip Code PA 18383-5760 FEC ID number of contributing federal political committee. City State Zip Code PFEC ID number of contributing federal political committee. City State Zip Code PA 18383-5760 FEC ID number of contributing federal political committee. City State Zip Code PFEC ID number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political committee. City State Zip Code Number of contributing federal political commit		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 261 (check only one) X 11a
A. Mr. Erich Florentine Mailing Address 9 Wyncroft Drive City State Zip Code Woodbine NJ 08270-3503 FEC ID number of contributing federal political committee. C		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
FEC ID number of contributing federal political committee. Name of Employer South Jarsey Healthcare Vice President Receipt For: Primary General Other (specify) ▼	∠ A .	Mr. Erich Florentine Mailing Address 9 Wyncroft Drive City		·	1 1 1 9 2 0 1 0 Transaction ID: 18756647
Receipt For: Primary		FEC ID number of contributing federal political committee.	C		
Mailing Address 6180 Lower Mountain Road City State Zip Code PA 18938-5760 FEC ID number of contributing federal political committee. C. State Zip Code PA 18938-5760 FEC ID number of contributing federal political committee. C. State Zip Code PA 18938-5760 FEC ID number of contributing federal political committee. C. State Zip Code PA 18938-5760 Full Name of Employer New Jersey Hospital Association Receipt For: Primary		Receipt For: Primary General	Vice Pre	sident e Year-to-Date ▼	
City State Zip Code PA 18938-5760 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Fel ID number of contributing federal political committee. C	3.	Mr. Sean J. Hopkins	Road		M " M / D " D / Y " Y " Y " Y
FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Avenue City State Zip Code Pennington FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Name of Employer New Jersey Hospital Association Receipt For: Primary General Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00		City	State	Zip Code	
iation Receipt For: Primary General Other (specify) ▼		FEC ID number of contributing		18938-5760	
Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Avenue City State Zip Code Pennington NJ 08534-2302 FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		iation Receipt For: Primary General	Sr. VP.,	Health Economics e Year-to-Date ▼	
City Pennington FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ State Zip Code NJ 08534-2302 Transaction ID: 18756655 Amount of Each Receipt this Period 10.00 C Aggregate Year-to-Date ▼ 230.00	- :.	•			Date of Receipt
Pennington FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 10.00 Amount of Each Receipt this Period 10.00 Aggregate Year-to-Date ▼ 230.00		Mailing Address 23 E. Delaware Avenu	ie		
FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) Occupation General Counsel Aggregate Year-to-Date 230.00		-		•	
iation Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		FEC ID number of contributing		08534-2302	
Primary General Other (specify) ▼ 230.00		iation	General	Counsel	
310.83		Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			310.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any peen name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard J Kathrins, MHA		Date of Receipt
Mailing Address P O Box 723 City	State Zip Code	1 1 1 9 2 0 1 0 Transaction ID: 18756658
Pomona	NJ 08240-0723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Bacharach Institute for Rehabilitation Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 1000.00	cer
Full Name (Last, First, Middle Initial) Mr. William D. Kennedy Mailing Address 1549 North Valley Ro	ad	Date of Receipt
City	State Zip Code	11 19 2010
Malvern	PA 19355-9796	Transaction ID: 18756659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Mr. Timothy J. Keough		Date of Receipt
Mailing Address 23 Nelson Drive		11 1 19 2010
City	State Zip Code	Transaction ID: 18756660
Barnegat	NJ 08005-2174	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Assoc-	Occupation Vice President, Health Information	Mam
iation Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional) .	1	520.00
TOTAL This Period (last page this line number		•

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association Page 1	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Steve E. Krebs Mailing Address 73 Tindall Rd City Robbinsville	State Zip Code NJ 08691-2508	Date of Receipt M M
FEC ID number of contributing federal political committee.	C 06091-2508	10.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Director, Conference Services Aggregate Year-to-Date 230.00	
Full Name (Last, First, Middle Initial) Mr. David P. Lavins Mailing Address 10 Fox Chase Ro	ad	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756668
<u>Malvern</u>	PA 19355-3441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer New Jersey Hospital Association Receipt For: Primary General	Occupation Chief Financial Officer Aggregate Year-to-Date	1
Other (specify) ▼ Full Name (Last, First, Middle Initial)	230.00	
Mr. Alan Lieber Mailing Address 4 Sun Watch Cou	rt	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18756669
Ramsey FEC ID number of contributing federal political committee.	NJ 07446-2123	Amount of Each Receipt this Period 500.00
Name of Employer Atlantic Health	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	520.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Amy B Mansue Mailing Address 200 Somerset Street City New Brunswick FEC ID number of contributing federal political committee. Name of Employer Children's Specialized Hospital Receipt For: Primary General Other (specify)	State Zip Code NJ 08901-1942 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1563.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. William A McDonald Mailing Address 703 Main Street City Paterson FEC ID number of contributing federal political committee. Name of Employer St. Joseph's Healthcare System Receipt For: Primary General Other (specify)	State Zip Code NJ 07503-2621 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Kerry A. McKean-Kelly Mailing Address 40 Imlaystown Road City East Windsor FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08520-6209 C Occupation Assistant Vice President Aggregate Year-to-Date 230.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	1291.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 261 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Randall J. Minniear			Date of Receipt
Mailing Address 3901 Worthington Cou	ırt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18756688
Freehold	NJ	7728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer New Jersey Hospital Assoc-	Occupation		
<u>iation</u>		P, Government Relations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		230.00	
Full Name (Last, First, Middle Initial) Ms. Joann M. Morgano			Date of Receipt
Mailing Address 7 Cottonwood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18756692
Lumberton	NJ	08048-5297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Director,	n Marketing & Communication	ns
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Mr. Ronald Rak			Date of Receipt
Mailing Address 34 Federal City Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18756703
<u>Ewing</u>	NJ	08638-1321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Saint Peter's University Hospital	Occupation Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 261 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Sally Roslow Mailing Address 21 Sparrow Walk City Newtown	State Zip Code PA 18940-9284	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	Occupation VP Development & Trustee Relations Aggregate Year-to-Date 230.00	10.00
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr. Mailing Address 4 Poppy Lane City Howell FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 07731-1451 C Occupation VP Health Economics Aggregate Year-to-Date 230.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Cynthia A. Sorg Mailing Address 33 Second Street City Hopewell FEC ID number of contributing federal political committee. Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	State Zip Code NJ 08525-2014 C Occupation Assistant to President Aggregate Year-to-Date 230.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 18756723 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	30.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicition of for commercial purposes, other than using the name and address of any political committee to solicit contributions from su NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Missieven R. Michaeud Malling Address 7 Ivanhoe Drive City Topsham ME 04086-6109 FEC ID number of contributing federal political committee Name of Employer Maine Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Missieven R. Michaeud Aggregate Year-to-Date ▼ Transaction ID: 187 Amount of Each Receipt Transaction ID: 18	PAGE 167 / 261 11c
Mailing Address 7 Ivanhoe Drive City State Zip Code Transaction ID: 187 Topsham ME 04086-6109 FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Richard Petersen Mailing Address 120 Fickett Street City State Zip Code Transaction ID: 187 Amount of Each Receipt Mill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g contributions ch committee.
FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association Receipt For: Primary General Other (specify) ▼	2 0 1 0 56774
Receipt For:	250.00
Milling Address 120 Fickett Street City South Portland ME 04106-6874 FEC ID number of contributing federal political committee. Name of Employer Mailing Address 1151 East Warrenville Rd. City State Zip Code Transaction ID: 187 Amount of Each Receipt Aggregate Year-to-Date Primary General Other (specify) ▼ City State Zip Code Transaction ID: 187 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt Transaction ID: 187 Date of Receipt Amount of Each Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt Transaction ID: 187 Amount of Each Receipt Date of Receipt	
City South Portland ME 04106-6874 Amount of Each Recorder leader alpolitical committee. Name of Employer Maine Medical Center Receipt For: Primary General Other (specify) ▼ City Mailing Address 1151 East Warrenville Rd. City Naperville FEC ID number of contributing federal political committee. City Naperville FEC ID number of contributing federal political committee. City Naperville City State Zip Code 11 1 1 1 1 9 Transaction ID: 187 Amount of Each Recorder Aggregate Year-to-Date ▼ 1 1 1 1 1 9 Transaction ID: 187 Amount of Each Recorder Aggregate Year-to-Date ▼ 1 1 1 1 1 9 Transaction ID: 187 Amount of Each Recorder City State Zip Code 11 1 1 1 1 9 Transaction ID: 187 Amount of Each Recorder Coccupation Senior Director	2010
FEC ID number of contributing federal political committee. Name of Employer Maine Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela Mailing Address 1151 East Warrenville Rd. City State Zip Code Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Occupation Chief Operating Officer Aggregate Year-to-Date ▼ Tobulary Aggregate Year-to-Date ▼ Tobulary Aggregate Year-to-Date ▼ Tobulary Aggregate Year-to-Date ▼ Tobulary In I	56776
Maine Medical Center Chief Operating Officer	eipt this Period 250.00
Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Matthew J. Angela Mailing Address 1151 East Warrenville Rd. City State Naperville IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Primary Senior Director Aggregate Year-to-Date Table 1 Date of Receipt Transaction ID: 187 Amount of Each Receipt C	
Mr. Matthew J. Angela Mailing Address 1151 East Warrenville Rd. City State Zip Code Naperville IL 60563-9339 Transaction ID: 187 Amount of Each Recult Name of Employer Illinois Hospital Association Cocupation Senior Director	
City State Zip Code Transaction ID: 187 Naperville IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association C Occupation Senior Director	
Naperville IL 60563-9339 Amount of Each Record C Name of Employer Illinois Hospital Association Occupation Senior Director	2010
FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Senior Director	
Illinois Hospital Association Senior Director	150.00
Receipt For: Aggregate Vear to Date ▼	
Primary General Other (specify) ▼ Aggregate rear-to-Date 400.00	
SUBTOTAL of Receipts This Page (optional)	650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 261 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA	and Statements may not be sold or used by any perso ig the name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Peter W Butler		Date of Receipt
Mailing Address 1653 West Congre	ess Parkway State Zip Code	1 1 1 1 2 0 1 0 2 0 1 0 Transaction ID: 18756804
Skokie	IL 60612-3864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Rush University Medical Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr J.R. Clapp Mailing Address 3513 N. Fremont	Ct	Date of Receipt
Apt. 1	Si.	11 19 2010
City	State Zip Code	Transaction ID: 18756805
Chicago	IL 60657-2992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Rush University Medical Center	Occupation Senior Vice President, Hospital Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Edgar J Curtis		Date of Receipt
Mailing Address 701 North First St	reet	M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18756806
Springfield	IL 62781-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Memorial Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SURTOTAL of Receints This Page (ontion	nal)	1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 261 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kevin R. England Mailing Address 1800 Grist Mill Drive City Springfield FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General Other (specify)	State Zip Code IL 62711-8113 C Occupation Vice President, Business Development Aggregate Year-to-Date 800.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mr. David S Fox Mailing Address 3815 Highland Avenue City Downers Grove FEC ID number of contributing federal political committee. Name of Employer Advocate Good Samaritan Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60515-1500 C Occupation President Aggregate Year-to-Date 1100.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, DrPH Mailing Address 2701 West 68th Street City Chicago FEC ID number of contributing federal political committee. Name of Employer Holy Cross Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 60629-1813 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 1100.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional))	1500.00

		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Ms. Connie L Schroeder		Date of Receipt
	Mailing Address 640 West Washington		1 1
	City	State Zip Code	Transaction ID: 18756810
	Pittsfield	IL 62363-1350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Illini Community Hospital	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	
	Full Name (Last, First, Middle Initial) Mr. Paul M Teodo		Date of Receipt
	Mailing Address 2701 West 68th Street		1 1 1 1 9 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18756811
	Chicago	IL 60629-1813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Holy Cross Hospital	Occupation Chief Operating Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort	<u> </u>	Date of Receipt
	Mailing Address 403 East First Street		1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 18756812
	Dixon	IL 61021-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	300.00
	Name of Employer	Occupation Former - President and CEO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	800.00	
	UBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∆ .	Full Name (Last, First, Middle Initial) Mr. Douglas Young Mailing Address 251 East Huron Street City Chicago	State IL	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Chicago FEC ID number of contributing federal political committee.	C	60611-2908	Amount of Each Receipt this Period
	Name of Employer Northwestern Memorial Hos- pital Receipt For: Primary General Other (specify) ▼		on sident, Accounting e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Ms Carolyn Bengston Mailing Address 2400 North Rockton Av	venue		Date of Receipt 1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18756903
	Rockford	IL	61103-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Rockford Memorial Hospital	Occupation Administration		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman, FACHE			Date of Receipt
	Mailing Address 333 North Madison Str	eet		M M / D D / Y Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18756904
	Joliet FEC ID number of contributing federal political committee.	C	60435-8200	Amount of Each Receipt this Period 600.00
	Name of Employer Provena Saint Joseph Medi- cal Center	_	t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)			1050.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u>)</u>	1030.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 261 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Helen M. Brooks Mailing Address 2400 North Rockton Av	venue	Date of Receipt 1 1 1 9 7 2 0 1 0
	City	State Zip Code	Transaction ID: 18756905
	Rockford FEC ID number of contributing federal political committee.	IL 61103-3655	Amount of Each Receipt this Period 150.00
	Name of Employer Rockford Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Corporate Director, Communications Aggregate Year-to-Date 400.00	
3.	Full Name (Last, First, Middle Initial) Mr. William R. Dilts Mailing Address 11873 Warblers Way		Date of Receipt 1 1 1 9 2 0 1 0
	City	State Zip Code	Transaction ID: 18756906
	Roscoe	IL 61073-7541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	150.00
	Name of Employer Rockford Memorial Hospital	Occupation Vice President, Strategic Plng/Relation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn		Date of Receipt
	Mailing Address 700 South Second Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18756907
	Springfield FEC ID number of contributing federal political committee.	IL 62704-2516	Amount of Each Receipt this Period 600.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
	SUBTOTAL of Receipts This Page (optional)		900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Michael Easley			Date of Receipt
	Mailing Address 385 Millennium Drive			1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18756908
	Crystal Lake	IL	60012-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Centegra Health System	Occupation Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial)			Date of Descript
	Ms. Anna N Evans, JD Mailing Address 701 North First Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18756909
	Springfield	IL	62781-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Memorial Health System	Occupation General	on Counsel and Vice President	— Int
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Ms. Beth Garrow			Date of Receipt
	Mailing Address 6419 South Garfield Av	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18756910
	Burr Ridge	IL	60527-5237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupation VP, Four		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	1

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	nd Statements may not be sold or used by any person the name and address of any political committee to s	or for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Robert W Kay Mailing Address 701 North First Str City Springfield	eet State Zip Code IL 62781-0001	Date of Receipt 1 1 9 2 0 1 0 Transaction ID: 18756911 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Memorial Health System Receipt For: Primary General Other (specify)	Occupation Senior Vice President and Chief Finance Aggregate Year-to-Date 400.00	150.00
Full Name (Last, First, Middle Initial) Ms. Terri L. Allen Mailing Address 1151 East Warrenv City Naperville	ville Road State Zip Code IL 60563-9339	Date of Receipt M M D D Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	Occupation Chief Finanicial Officer Aggregate Year-to-Date 1187.50	1000.00
Full Name (Last, First, Middle Initial) Mr. John Rhoades Mailing Address 1141 Midwest Lane City Wheaton FEC ID number of contributing	State Zip Code IL 60189-7382	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer Rockford Memorial Hospital	Occupation Chief Operating Officer	150.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (options	al)	1300.00

A. Full Mr. Mail City Roo FEC fede	ommercial purposes, other than using the ME OF COMMITTEE (In Full) Iterican Hospital Association PAC Name (Last, First, Middle Initial) Kevin Ruggles Iling Address 2400 North Rockton Avance of Contributing eral political committee. The of Employer ckford Memorial Hospital Selept For: Primary General Other (specify)	ratements may not be sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any person name and addres	Date of Receipt Date of Receipt
Am Full Mr. Mail City Roo FEC fede	Name (Last, First, Middle Initial) Kevin Ruggles ling Address 2400 North Rockton Avance Ckford CID number of contributing eral political committee. The of Employer ckford Memorial Hospital Selept For: Primary General Other (specify)	State Zip Code IL 61103-3655 C Occupation Chief Physician Executive Aggregate Year-to-Date 1300.00	Transaction ID: 18756999 Amount of Each Receipt this Period
A. Mr. Mail City Ror FEC fede Nan Roc Rec	Kevin Ruggles ling Address 2400 North Rockton Average Control	State Zip Code IL 61103-3655 C Occupation Chief Physician Executive Aggregate Year-to-Date 1300.00	Transaction ID: 18756999 Amount of Each Receipt this Period
City Roo FEC fede Nan Roc Rec	ckford CID number of contributing eral political committee. ne of Employer ckford Memorial Hospital seipt For: Primary General Other (specify)	State Zip Code IL 61103-3655 C Occupation Chief Physician Executive Aggregate Year-to-Date 1300.00	1 1 1 9 2 0 1 0 Transaction ID: 18756999 Amount of Each Receipt this Period
Roo FEC fede Nan Roc Rec	ckford CID number of contributing eral political committee. The of Employer ckford Memorial Hospital reipt For: Primary General Other (specify)	Occupation Chief Physician Executive Aggregate Year-to-Date 1300.00	Amount of Each Receipt this Period
Rec Full	C ID number of contributing eral political committee. The of Employer extraction Memorial Hospital The primary General of General of the receipt For:	Occupation Chief Physician Executive Aggregate Year-to-Date 1300.00	
Full	eipt For: Primary General Other (specify)	Chief Physician Executive Aggregate Year-to-Date ▼ 1300.00	
Full	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
	Nicoca (Leat Frant Africal Lettal)		
	Name (Last, First, Middle Initial) Michael Baiardo		Date of Receipt
Mail	ling Address 1151 East Warrenvile F	Road	1 1 1 9 2 0 1 0
City	,	State Zip Code	Transaction ID: 18757000
	perville	IL 60563-9339	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	С	250.00
Nan Illine tion	ne of Employer ois Hospital Associa-	Occupation Assistant Vice President	
	eipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	343.78	
	Name (Last, First, Middle Initial) Henry Seybold		Date of Receipt
Mail	ling Address 2400 North Rockton Av	/enue	11 19 2010
City		State Zip Code	Transaction ID: 18757001
	ckford CID number of contributing	IL 61103-3655	Amount of Each Receipt this Period
	eral political committee.	C	300.00
	ne of Employer kford Memorial Hospital	Occupation Senior Vice President and Chief Finance	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
SUBT	OTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/6/261 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Mr. Jim H Skogsbergh			Date of Receipt
Mailing Address 2025 Windsor Drive			M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
City Oak Brook	State IL	Zip Code 60523-1586	Transaction ID: 18757002
FEC ID number of contributing federal political committee.	C	00323-1300	Amount of Each Receipt this Period 600.00
Name of Employer Advocate Health Care	Occupatio Presiden	n t and Chief Executive Office	-
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Mr. B. Bradford Billings			Date of Receipt
Mailing Address 2829 Cheswick Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18757003
Quincy FEC ID number of contributing	C	62301-6380	Amount of Each Receipt this Period 600.00
federal political committee.			
Name of Employer Blessing Hospital	Occupatio Presiden	n t and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00]
Full Name (Last, First, Middle Initial) Mr. Paul F. Hills			Date of Receipt
Mailing Address 18 Heron Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Barrington	State IL	Zip Code 60010-5142	Transaction ID: 18757004
FEC ID number of contributing federal political committee.	C	60010-5142	Amount of Each Receipt this Period
Name of Employer Centegra Health System	Occupatio Trustee	n	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1350.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 177 / 261 (check only one) X 11a
or for commer	on copied from such Reports and S rcial purposes, other than using the COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
America	n Hospital Association PAC			
Ms. Barbar				Date of Receipt
	dress 385 Millennium Drive	01-1-	75.00.15	11 1 19 2010
City <u>Crystal L</u>	.ake	State IL	Zip Code 60012-3761	Transaction ID: 18757005 Amount of Each Receipt this Period
	umber of contributing itical committee.	С		150.00
Name of E Centegra I	mployer Hospital - McHen-	Occupation Senior Vi	n ice President of Human Res	ourc
Receipt Fo		Aggregate	Year-to-Date ▼ 400.00	
Mr. Mark D				Date of Receipt
Mailing Ad	dress 740 North Hayes			11 1 9 2010
City	,	State	Zip Code	Transaction ID: 18757034
	imber of contributing itical committee.	C	60302-1706	Amount of Each Receipt this Period 1000.00
Name of E Illinois Hos tion	mployer spital Associa-	Occupation Sr. VP, C	n General Counsel	
Receipt Fo		Aggregate	Year-to-Date ▼ 1281.25	
Full Name Ms. Nancy	(Last, First, Middle Initial) DeMarco			Date of Receipt
Mailing Ad	dress 1151 East Warrenville	Road		M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
City <u>Napervill</u>	۵	State IL	Zip Code 60563-9339	Transaction ID: 18757035
FEC ID nu	imber of contributing itical committee.	C	00000-9009	Amount of Each Receipt this Period 1000.00
tion	spital Associa-	Occupation Director	n of Development	
Receipt Fo		Aggregate	Year-to-Date ▼ 1281.25	
SUBTOTAL	of Receipts This Page (optional)			2150.00
TOTAL This	Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persor he name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia		Date of Receipt
Mailing Address 1151 E. Warrenville		11 1 19 2010
City Naperville	State Zip Code IL 60563-9339	Transaction ID: 18757036
FEC ID number of contributing federal political committee.	C 60363-9339	Amount of Each Receipt this Period 250.00
Name of Employer Illinois Hospital Associa- tion Receipt For:	Occupation Vice President, Human Resources Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	343.78	
Full Name (Last, First, Middle Initial) Ms. Barbara Filliung Mailing Address 1013 59th Street		Date of Receipt
Mailing Address 1013 59th Street		11 19 2010
City	State Zip Code	Transaction ID: 18757037
<u>Lisle</u>	IL 60532-3122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Illinois Hospital Associa- tion	Occupation Senior Director, Government Relations	6
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 293.78	
Full Name (Last, First, Middle Initial) Ms. Tamara Lynn Gamrat		Date of Receipt
Mailing Address 1911 Hamilton Stree	et .	11 1 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18757038
Murphysboro	IL 62966-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Illinois Hospital Associa- tion	Occupation Senior Risk Management Coordination	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.33	
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line numb	·	

Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political command of commercial purposes, other than using the name and address of any political command of command of any political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City State Zip Code Naperville IL 60563-9339 FEC ID number of contributing federal political committee. City State Zip Code Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane City State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms Vicki Garretson Mailing Address 1151 East Warrenville Road City State Zip Code IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City State Zip Code IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Hotzhauer Mailing Address 1755 Maple Lane	Transaction ID: 18757042 Amount of Each Receipt this Period
Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City State Zip Code Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Occupation Vice President Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	Transaction ID: 18757042 Amount of Each Receipt this Period
Name of Employer Director, Malpractice	250.00
tion Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City State Zip Code IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	
Ms. Ann C. Guild Mailing Address 1151 E. Warrenville Rd. PO Box 3015 City State Zip Code Naperville IL 60563-9339 FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	.50
City Naperville Naperville FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	Transaction ID: 18757044
Illinois Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	
Mr. Ed Holzhauer Mailing Address 1755 Maple Lane	.51
	Date of Receipt
City State Zin Code	11 19 2010
·	Transaction ID: 18757048
Wheaton IL 60187-3317 FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 1000.00
Name of Employer Illinois Hospital Association Senior Vice President	
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1281	.25
SUBTOTAL of Receipts This Page (optional)	

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commer	cial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	COMMITTEE (In Full) Hospital Association PAC			
Ms. Teresa				Date of Receipt
Mailing Ad	dress 1151 East Warrenville	Road		11 1 19 2010
City	•	State IL	Zip Code	Transaction ID: 18757049
	mber of contributing itical committee.	C	60563-9339	Amount of Each Receipt this Period 1000.00
Name of E Illinois Hos tion	mployer spital Associa-	Occupation Vice Pres	n sident, Finance	
Receipt Fo		Aggregate	Year-to-Date ▼ 1281.25	
Full Name Ms. Susan Mailing Ad		1		Date of Receipt
walling Ad	uress 1151 E. Warranville Ro	J.		11 19 2010
City	_	State	Zip Code	Transaction ID: 18757052
	e mber of contributing itical committee.	C	60563-9339	Amount of Each Receipt this Period 650.00
Name of E Illinois Hos tion	mployer spital Associa-	Occupation Chief of S		
Receipt Fo		Aggregate	Year-to-Date ▼ 994.50	
Full Name Ms. Nichole	(Last, First, Middle Initial) e Magalis			Date of Receipt
Mailing Ad	dress 1151 East Warrenville	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	_	State	Zip Code	Transaction ID: 18757062
	e mber of contributing itical committee.	C	60563-9339	Amount of Each Receipt this Period 250.00
Name of E Illinois Hos tion	mployer spital Associa-	Occupation Senior Di	n rector, Government Relatio	ns
Receipt Fo		Aggregate	Year-to-Date ▼ 333.36	
SUBTOTAL	of Receipts This Page (optional)			1900.00
	Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 181 / 261 (check only one)
TEMELE TECLI TO	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges		Date of Receipt
Mailing Address 1151 E. Warrenville PO Box 3015		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naperville	State Zip Code IL 60563-9339	Transaction ID: 18757070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1281.25	
Full Name (Last, First, Middle Initial) Ms Dianne O'Donnell		Date of Receipt
Mailing Address 1151 East Warrenvill	e Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18757072
Naperville 550 IP	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Hospital Associa- tion	Occupation Director, Sales & Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	272.50	
Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III	<u> </u>	Date of Receipt
Mailing Address 4109 Southwoods Ro	oad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18757080
Springfield	IL 62707-6070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Hospital Associa- tion	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1281.25	
	1	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr Ted Lorenc, MD		Date of Receipt
Mailing Address 385 Millennium Driv		11 / 19 / 2010
City <u>Crystal Lake</u>	State Zip Code IL 60012-3761	Transaction ID: 18757082
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer Centegra Health System	Occupation Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Ms. Angela McAuley Mailing Address 1301 Winston Circle		Date of Receipt
Walling Address 1301 Williston Circle	-	11 19 2010
City Woodstock	State Zip Code IL 60098-3678	Transaction ID: 18757083
FEC ID number of contributing federal political committee.	IL 60098-3678	Amount of Each Receipt this Period 150.00
Name of Employer Centegra Hospital - Woods- tock	Occupation Director, Risk	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Douglas L Rahn		Date of Receipt
Mailing Address 701 North First Stre	et	1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757084
Springfield FEC ID number of contributing federal political committee.	IL 62781-0001	Amount of Each Receipt this Period 600.00
Name of Employer Memorial Health System	Occupation Senior Vice President and Chief Opera	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
SURTOTAL of Receipts This Page (ontional	l)	900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 183 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not l name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Mr. Robert Rosenberger			Date of Receipt
	Mailing Address 385 Millennium Drive			1 1 1 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: 18757085
	Crystal Lake	IL	60012-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Centegra Health System	Occupation Chief Financi	al Officer	
	Receipt For:	Aggregate Year	r-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Jason Sciarro			Date of Receipt
	Mailing Address 385 Millennium Drive			M M / D D / Y Y Y Y Y Y 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18757086
	Crystal Lake	IL	60012-3761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Centegra Health System	Occupation Chief Operati	ng Officer	
	Receipt For:	Aggregate Year	r-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	800.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Kathleen C Yosko			Date of Receipt
	Mailing Address P O Box 795			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18757087
	Wheaton	IL	60189-0795	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Marianjoy Rehabilitation Hospital	Occupation President and	I Chief Executive Office	r
	Receipt For:	Aggregate Year		
	Primary General Other (specify) ▼		400.00	
ſ	CURTOTAL of December This Deep (actions)			600.00
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 261 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Daniel A Parod Mailing Address 2400 North Rockton	Avenue	Date of Receipt 1 1 1 9 2 0 1 0
City Rockford	State Zip Code IL 61103-3655	Transaction ID: 18757088 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Rockford Memorial Hospital Receipt For: Primary Other (specify) ▼	Occupation Senior Vice President Administrative Aggregate Year-to-Date ▼ 1100.00	<u>A</u>
Full Name (Last, First, Middle Initial) Mr. Phillip M Kambic Mailing Address 350 North Wall Stree	t	Date of Receipt 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757089
Kankakee	IL 60901-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Riverside Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Evert J Kuiper		Date of Receipt
Mailing Address P O Box 340		M M / D D / Y Y Y Y Y 1 1 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757090
Alton	IL 62002-0340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Saint Anthony's Health Ce- nter	Occupation President and Chief Executive Officer	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
		900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. James C Leonard, , M.D.		Date of Receipt
Mailing Address 611 West Park Street		11 19 2010
City	State Zip Code	Transaction ID: 18757091
<u>Urbana</u>	IL 61801-2500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Carle Foundation Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Ms. Jo Ann Spoor		Date of Receipt
Mailing Address 700 South Second Stre	eet	11 19 7 2010
City	State Zip Code	Transaction ID: 18757099
<u>Springfield</u>	IL 62704-2516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Illinois Hospital Associa- tion	Occupation Director, Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 362.50	
Full Name (Last, First, Middle Initial) Ms. Laraine Williams	<u> </u>	Date of Receipt
Mailing Address 1151 E. Warrenville Ro	pad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18757104
<u>Naperville</u>	IL 60563-9339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1281.25	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 261 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>		
Full Name (Last, First, Middle Initial) Mr. Gary E Kaatz			Date of Receipt
Mailing Address 2400 North Rockton	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Rockford	State IL	Zip Code 61103-3692	Transaction ID: 18757111 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Rockford Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	-
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr John Jurica, MD			Date of Receipt
Mailing Address 350 North Wall Street		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	
City	State	Zip Code	Transaction ID: 18757112
Kankakee	<u>IL</u>	60901-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Riverside Medical Center	Occupation Vice Pres	n sident Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Anil Godbole, MD			Date of Receipt
Mailing Address 836 West Wellingto	on Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18757114
Chicago FEC ID number of contributing federal political committee.	C	60657-5147	Amount of Each Receipt this Period 150.00
Name of Employer Advocate Illinois Masonic Medical Cent	 	n Psychiatry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional			900.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dolan Dalpoas Mailing Address 315 8th Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Abraham Lincoln Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 62656-2671 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 462.50	Date of Receipt M M M / D D M 2010 Transaction ID: 18757115 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Mr. Aaron T Shepley Mailing Address 385 Millennium Drive City Crystal Lake FEC ID number of contributing federal political committee. Name of Employer Centegra Health System Receipt For: Primary General Other (specify)	State Zip Code IL 60012-3740 C Occupation Senior Vice President and General Co Aggregate Year-to-Date 400.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Danny Chun Mailing Address 303 North Oak Park A City Oak Park FEC ID number of contributing federal political committee. Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	State Zip Code IL 60302-2189 C Occupation Vice President, Communications Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		900.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Ms. Joanne Fenton, FACHE Mailing Address 111 Spring Street City Streator FEC ID number of contributing federal political committee. Name of Employer St. Mary's Hospital Receipt For: Primary General	State Zip Code IL 61364-3332 C Occupation President and Chief Executive Office Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 18757118 Amount of Each Receipt this Period 150.00
_	Full Name (Last, First, Middle Initial) Ms. Maureen A Kahn Mailing Address P O Box 7005 City Quincy FEC ID number of contributing federal political committee. Name of Employer Blessing Hospital Receipt For: Primary General	State Zip Code IL 62305-7005 C Occupation President and Chief Executive Office Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Other (specify) Full Name (Last, First, Middle Initial) Mr. Keith Allen Page Mailing Address 6800 State Route 162 City Maryville FEC ID number of contributing federal political committee. Name of Employer Anderson Hospital Receipt For:	State Zip Code IL 62062-8500 C Occupation President and Chief Executive Office Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 18757120 Amount of Each Receipt this Period 300.00
	Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	800.00	600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Russo Mailing Address 1706 Seminole Lane City Godfrey FEC ID number of contributing federal political committee. Name of Employer Saint Anthony's Health Center Receipt For: Primary General	State Zip Code IL 62035-1500 C Occupation Chief Information Officer Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Harry Wolin Mailing Address P O Box 530 City Havana FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 62644-0530 C	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 1 0 Transaction ID: 18757124 Amount of Each Receipt this Period 300.00
Mason District Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Daniel J Woods Mailing Address 503 North Maple Stree	Administrator and Chief Executive Of Aggregate Year-to-Date ▼ 800.00	Date of Receipt
City Effingham FEC ID number of contributing federal political committee.	State Zip Code IL 62401-2006	Transaction ID: 18757125 Amount of Each Receipt this Period 300.00
Name of Employer St. Anthony's Memorial Hospital Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 800.00	r]
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 190 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Englehart		Date of Receipt
Mailing Address 12840 Sycamore		11 1 19 2010
City	State Zip Code	Transaction ID: 18757126
Palos Heights	IL 60463-1939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Advocate South Suburban Hospital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Mr. Jonathan R. Bruss		Date of Receipt
Mailing Address 30 W 061 Kensingtor	n Drive	M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757127
<u>Warrenville</u>	IL 60555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate Good Samaritan Hospital	Occupation Chief Executive Officer	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Charles Derus, MD		Date of Receipt
Mailing Address 2025 Windsor Drive		M M / D D / Y Y Y Y Y Y 1 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757128
Oak Brook	IL 60523-1586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate Good Samaritan Hospital	Occupation Vice President Medical Management]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
		900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard S Kowalski, FACHE Mailing Address 3333 North Seminary	Street State Zip Code	Date of Receipt 1 1 1 9 2 0 1 0
Calcabura		Transaction ID: 18757129
Galesburg FEC ID number of contributing federal political committee.	C 61401-1299	Amount of Each Receipt this Period 300.00
Name of Employer OSF St. Mary Medical Center Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 800.00	er .
Full Name (Last, First, Middle Initial) Ms. Karen A Lambert Mailing Address 450 West Highway 22		Date of Receipt 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757133
Barrington	IL 60010-1919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Advocate Good Shepherd Ho- spital	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Mr. Dominic Nakis		Date of Receipt
Mailing Address 2268 River Woods Dri		11 19 2010
City Naponillo	State Zip Code	Transaction ID: 18757134
Naperville	IL 60565-6351	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	300.00
Name of Employer Advocate Health Care	Occupation Vice President, Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		900.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ A.	Full Name (Last, First, Middle Initial) Mr. Scott Powder			Date of Receipt
	Mailing Address 1775 Dempster			M M / D D / Y Y Y Y Y 1 1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18757135
	Park Ridge	IL	60068-1143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Advocate Lutheran General Hospital	Occupation SVP, Str	n ategic Planning & Growth	
	Receipt For:	- '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
- В.	Full Name (Last, First, Middle Initial) Dr Lee Sacks, MD			Date of Receipt
	Mailing Address 2025 Windsor Drive			1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18757136
	Oak Brook	IL	60523-1586	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Advocate Health Care	Occupation Executiv	n e Vice President and Chief N	—— Леф
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1100.00	
- C.	Full Name (Last, First, Middle Initial) Mr. John Bomher			Date of Receipt
	Mailing Address 1151 E. Warrenville R	load		1 1 1 9 2 0 1 0
	City	State	Zip Code	Transaction ID: 18757137
	<u>Naperville</u>	<u> </u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Senior V	n P, Health Policy	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1100.00	
	CURTOTAL of Descripts This Descriptor	1		1500.00
-	SUBTOTAL of Receipts This Page (optional) .		<u> </u>	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. James Dan Mailing Address 511 Forest Mews City Oak Brook FEC ID number of contributing federal political committee. Name of Employer Advocate Health Care	State Zip Code IL 60523-2643 C Occupation President	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Scott Dimmick	Aggregate Year-to-Date ▼ 800.00	Date of Receipt
Mailing Address 1324 North Sherida City Waukegan FEC ID number of contributing federal political committee. Name of Employer Vista Medical Center East Receipt For: Primary General	State Zip Code L 60085-2161 C Occupation Vice President of Human Resources Aggregate Year-to-Date \$\Psi\$ 400.00	Transaction ID: 18757144 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Ms Bridgett Gibbons Mailing Address 2132 West Warner City Chicago FEC ID number of contributing	State Zip Code IL 60618-3032	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Advocate South Suburban Hospital Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date 1100.00	
SUBTOTAL of Receipts This Page (optional) .	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James M. Hohner		Date of Receipt
Mailing Address 2159 W. Agatite		11 1 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18757146
Chicago	IL 60625-1705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate Health Care	Occupation Director, Advocate Health Care Found	- at
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Mr. Roger S Hunt		Date of Receipt
Mailing Address P O Box 2850		11
City	State Zip Code	Transaction ID: 18757147
Bloomington	IL 61702-2850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Advocate BroMenn Medical Center	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Mr. Kenneth W Lukhard		Date of Receipt
Mailing Address 4440 West 95th Stre	et	1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 18757148
Oak Lawn	IL 60453-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Advocate Christ Medical Center	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SURTOTAL of Pagainte This Paga (antisms)		600.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	

n copied from such Reports and Scial purposes, other than using the COMMITTEE (In Full) Hospital Association PAC Last, First, Middle Initial) J Martin, RN Iress 2615 Washington Street Interpretation of contributing ical committee. Inployer all Center West Interpretation of the contribution of the con	State IL C Occupatior President	Zip Code 60085-4980 and Chief Executive Office Year-to-Date ▼ 1100.00	Date of Receipt Date of Receipt Transaction ID: 18757149 Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt
Hospital Association PAC Last, First, Middle Initial) J Martin, RN Iress 2615 Washington Streen Interpretation of contributing ical committee. Inployer all Center West Image: General (specify) Last, First, Middle Initial) P Santulli Iress 2025 Windsor Drive	State IL C Occupatior President Aggregate	and Chief Executive Officer Year-to-Date ▼ 1100.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J Martin, RN Iress 2615 Washington Streen In Index of contributing ical committee. In Index of contributing ical contributing ical contributing ical contributing ical contribution ical contribut	State IL C Occupatior President Aggregate	and Chief Executive Officer Year-to-Date ▼ 1100.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nnber of contributing ical committee. Inployer call Center West Eury General (specify) Last, First, Middle Initial) P Santulli Iress 2025 Windsor Drive	State IL C Occupatior President Aggregate	and Chief Executive Officer Year-to-Date ▼ 1100.00	1 1
nber of contributing ical committee. Inployer cal Center West General (specify) Last, First, Middle Initial) P Santulli Iress 2025 Windsor Drive	Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼ 1100.00	Amount of Each Receipt this Period 600.00 Date of Receipt 1 1 1 1 9 2 0 1
nber of contributing ical committee. Inployer cal Center West General (specify) Last, First, Middle Initial) P Santulli Iress 2025 Windsor Drive	Occupation President Aggregate	and Chief Executive Officer Year-to-Date ▼ 1100.00 Zip Code	Date of Receipt M M
ical committee. Inployer Inpl	Occupation President Aggregate State	and Chief Executive Officer Year-to-Date ▼ 1100.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
: rry	President Aggregate State	and Chief Executive Officer Year-to-Date ▼ 1100.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General (specify) ▼ Last, First, Middle Initial) P Santulli Iress 2025 Windsor Drive	State	1100.00 Zip Code	M M / D D / Y Y Y Y 1 1 1 1 9 2 0 1
P Santulli Iress 2025 Windsor Drive		·	M M / D D / Y Y Y Y 1 1 1 1 9 2 0 1
ress 2025 Windsor Drive		·	M M / D D / Y Y Y Y 1 1 1 1 9 2 0 1
		·	
	<u>IL</u>		
nber of contributing		60523-1586	Amount of Each Receipt this Period
ical committee.	C		300.0
nployer ealth Care	Occupation Executive	vice President and Chief C	p e
ry General	Aggregate	Year-to-Date ▼ 800.00	
			Date of Receipt
ress 1435 Tilton Park Drive)		M M / D D / Y Y Y Y 1 1 1 1 9 2 0 1
	State	Zip Code	Transaction ID: 18757151
	<u>IL</u>	61021-1437	Amount of Each Receipt this Period
nber of contributing ical committee.	C		300.00
ry General	Aggregate	Year-to-Date ▼ 800.00	
	General (specify) General (specify) Guast, First, Middle Initial) Schreiner Gress 1435 Tilton Park Drive The property of contributing committee. The property of contributing committee. The property of contributing committee.	Aggregate Aggregate Aggregate (specify) (Last, First, Middle Initial) Schreiner Aggregate State IL C Inployer Shaw Bethea Hos- C Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate	Aggregate Year-to-Date Aggregate Year-to-Date (specify) Schreiner Aggregate Year-to-Date Ress 1435 Tilton Park Drive State Zip Code IL 61021-1437 C C C C C C C C C C

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Katie Vaughan		Date of Receipt
Mailing Address 506A East Howell Ave	nue	11 22 2010
City	State Zip Code	Transaction ID: PR1034595124482
Alexandria	VA 22301-1216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton	<u> </u>	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1045726224482
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President & General Co	ounse
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. David Schulke		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	1 1 2 2 2 1 0 1 0	
City	State Zip Code	Transaction ID: PR1057462124482
Washington	DC 20004-2801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	176.46
Name of Employer American Hospital Associa- tion-Washingt	Occupation VP Research Programs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	882.30	P/R Deduction (\$40.00 Bi- Weekly)
SUPTOTAL of Possints This Page (entional)		356.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Sarah Berk		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR1082532724482
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa-	Occupation Senior Associate Director	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Barbara Jellen	<u> </u>	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR1113464224482
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Section Director, Constituency Sec	etion
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Allen	<u> </u>	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR1118928224482
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	61.74
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Sr. Vice President, Chief Human F Aggregate Year-to-Date ▼	Resour
Primary General Other (specify) ▼	308.70	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		145.74

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y 11 1 22 2 2 010
	City	State Zip Code	Transaction ID: PR1260472924482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Professional Practice, AON	
	Receipt For:		
	Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett	Date of Receipt	
	Mailing Address 325 Seventh Street, NV	11 22 YYYY 2010	
	City	State Zip Code	Transaction ID: PR1332167424482
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47.73
	Name of Employer American Hospital Associa-	Occupation Associate Director, Policy	
	tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	318.20	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1347703424482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		149.73

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 261 (check only one) X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay Mailing Address One North Franklin		Date of Receipt
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347703624482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Vice President & CIO	60.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Susan Gergely Mailing Address One North Franklin		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347791024482
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Director of Operations, AONE Aggregate Year-to-Date 322.00	P/R Deduction (\$14.00 Bi-Weekly)
_ C.	Full Name (Last, First, Middle Initial) Mr. John Slotman Mailing Address 325 Seventh Street, NV	v	Date of Receipt 1 1 2 2 2 2 0 1 0
	Suite 700 City	State Zip Code	Transaction ID: PR1384065324482
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Associate Director, Federal Relations Aggregate Year-to-Date 460.00	P/R Deduction (\$42.72 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		162.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 261 (check only one) X 11a
0	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Sharon Allen		Date of Receipt
	Mailing Address 155 North Wacker Driv		11 22 7 2010
	City	State Zip Code	Transaction ID: PR1474886224482
	Chicago	IL 60606-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	52.50
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Membership and Marketing Manager	ASHHR
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	315.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Mark Colucci	<u> </u>	Date of Receipt
	Mailing Address 1061 N Penny Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1475133724482
	Palatine	IL 60067-1821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation National Director Sponsorship and Ur	nde
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		1 1 2 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: PR1492459924482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Executive Director - ASHHI	RA
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$40.86 Bi- Weekly)
			172.50

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 261 (check only one) X 11a
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to s	colicit contributions from such committee.
	American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Monica D Day		Date of Receipt
	Mailing Address 10224 Prince Place #2	05	11 22 2010
	City	State Zip Code	Transaction ID: PR1516850624482
	Largo	MD 20774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Political Affairs Coordinator	
	Receipt For:	Receipt For: Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga		Date of Receipt
	Mailing Address One North Franklin	11 22 7 2010	
	City	State Zip Code	Transaction ID: PR1555656224482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director, Constituency Secti	
	Receipt For:	Aggregate Year-to-Date ▼]
	Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
- C.	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR1555656524482
	Washington	DC 20004-2802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Washingt	mmu -	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/P Doduction (\$14.00 Pi
	Other (specify)	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ			126.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Α ο	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Z	Full Name (Last, First, Middle Initial) Ms. Kathy Poole		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1589439924482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Governance Projects	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)		Wedny)
	Mr. Robert Kehoe Mailing Address One North Franklin		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1625368324482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.01
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Publisher Vertical Magazine	es
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	316.73	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Kelly Redmond	Date of Receipt	
	Mailing Address 155 North Wacker Driv	1 1 2 2 2 2 0 1 0	
	City	State Zip Code	Transaction ID: PR1625588824482
	Chicago	IL 60606-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SURTOTAL of Receipts This Page (ontional)		134.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the retailed Summary Page	FOR LINE NUMBER: PAGE 203 / 261 (check only one) X
Α ο	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not e name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Stephen Hines			Date of Receipt
	Mailing Address 155 North Wacker Dri	ve		11 22 YYYYY 22 2010
	City		Zip Code	Transaction ID: PR1648726624482
	Chicago	<u>IL</u>	60606-1709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.01
	Name of Employer American Hospital Associa-	Occupation VP, Research	n HRFT	
	tion-Chicago Receipt For:	Aggregate Yea		
	Primary General Other (specify) ▼		316.73	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: PR1671258624482
	Washington	DC	20004-2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		136.35
	Name of Employer American Hospital Associa- tion-Washinot	Occupation Senior Assoc	siate Director, Policy	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	909.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr Robert P. David			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1677512424482
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		136.35
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Exe	ecutive	
	Receipt For:	Aggregate Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		909.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	I		322.71

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 204 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		11 22 7 2010
	City <u>Washington</u>	State Zip Code DC 20004-2818	Transaction ID: PR327629124482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Public Pol Aggregate Year-to-Date 920.00	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner	Deliver	Date of Receipt
	Mailing Address 11004 Petersborough	11 22 2 2010	
	City	State Zip Code	Transaction ID: PR327745924482
	Rockville FEC ID number of contributing federal political committee.	MD 20852-3249	Amount of Each Receipt this Period 120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue	Date of Receipt	
	Mailing Address 122 N. Greenwood Av	1 1 2 2 2 2 0 1 0	
	City	State Zip Code	Transaction ID: PR327771624482
	Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Associate Director Aggregate Year-to-Date	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			11 22 YYYYY 22 2010
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR327777224482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00000 3400	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Long-Term Care	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address 1022 S. Harvey Avenu	1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327777824482
	Oak Park	<u>IL</u>	60304-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		920.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			11 22 2010
	City	State	Zip Code	Transaction ID: PR327801724482
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	, '	e Vice President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		222.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
/	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		7in Codo	11 22 2010
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327812024482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Exe	n ecutive Officer, AONE & Sr. \	vi
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis			Date of Receipt
	Mailing Address 6034 North 22nd Stree	M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0		
	City	State	Zip Code	Transaction ID: PR327831724482
	Arlington FEC ID number of contributing federal political committee.	C	22205-3408	Amount of Each Receipt this Period 60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional	n Executive	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Str	eet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327846224482
	Chicago FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period 60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Meetings & Travel Sel	rv
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	1		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 207 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	any information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga		Date of Receipt
	Mailing Address 2401 Calvert Street, N Apt. 1008		11 22 2010
	City Washington	State Zip Code DC 20008-2614	Transaction ID: PR327851924482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy Development	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
. -	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	11 22 7 9 9 9	
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327858024482
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Political Affairs	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin		1 1 2 2 2 2 1 0 1 0
	City	State Zip Code	Transaction ID: PR327877824482
	Millis FEC ID number of contributing federal political committee.	MA 60606-3436	Amount of Each Receipt this Period 120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 261 (check only one) X 11a
0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	American Hospital Association PAC		
,	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom		Date of Receipt
	Mailing Address 130 North Garland Cou #3002	rt	11 22 7 2010
	Chicago	State Zip Code	Transaction ID: PR327895724482
	Chicago FEC ID number of contributing federal political committee.	IL 60602-4750	Amount of Each Receipt this Period 135.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 910.00	P/R Deduction (\$40.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	I	11 22 7 2010
	City	State Zip Code	Transaction ID: PR327906124482
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Policy Development	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Judy Williams		Date of Receipt
	Mailing Address One North Franklin Stre	eet	1 1 2 2 Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327918924482
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director Membership	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		219.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	11 22 YYYY 2010
City	State Zip Code DC 20004-2818	Transaction ID: PR328132824482
Washington FFG ID number of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa-	Occupation President and Chief Executive Office	
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	<u>'</u>
Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
Mailing Address 204 7th Ave		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR328136924482
La Grange	IL 60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
Mailing Address One North Franklin St	reet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328174924482
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, SHSMD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1	282.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328223824482
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date of Receipt
-	Mailing Address 1093 N. Faldo Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328241424482
	Eagle	ID 83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
	Mailing Address 3475 North Venice Str	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328260924482
	Arlington	VA 22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Г			300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 261 (check only one) X
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
<u>_</u>	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700			11 22 7 2010
	City <u>Washington</u>	State DC	Zip Code 20004-2818	Transaction ID: PR328341824482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary Other (specify) ▼		n Political Action & Grassroot Year-to-Date ▼ 930.00	P/R Deduction (\$40.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: PR328490124482
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 30.00
	Name of Employer American Hospital Associa- tion-Washinot	Occupatio Senior A	n ssociate Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: PR328511824482
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	, ' 	n Executive e Year-to-Date ▼	
	Primary General Other (specify) ▼	1.53.53410	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ.	SUBTOTAL of Receipts This Page (optional)	1		270.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e Concert only one)
A	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by are name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
K	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 1501 N. Harrison Stre	et	1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Arlington	State Zip Code VA 22205-2726	Transaction ID: PR328512024482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General	Occupation Senior Vice President, Commu Aggregate Year-to-Date ▼	
	Other (specify)	460.	1 I WEEKIV)
_	Full Name (Last, First, Middle Initial) Mr. George Arges Mailing Address One North Franklin St		Date of Receipt
			11 22 4 2010
	City Chicago	State Zip Code IL 60606	Transaction ID: PR328641124482
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director, Health Data M	anagemen
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.	P/R Deduction (\$20.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	e.	1 1 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: PR328913324482
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation President & CEO, AHA Solutio Aggregate Year-to-Date ▼	ns, Inc. &
	Primary General Other (specify) ▼	920.	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	<u>I</u>	240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 213 / 261 (check only one) X
A	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin Stre	eet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013424482
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Dir		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Dr. John R. Combes			Date of Receipt
	Mailing Address One North Franklin			11 22 2010
	City	State	Zip Code	Transaction ID: PR329071324482
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President	n t & Chief Operating Officer,	С
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		11 22 2010
	City	State	Zip Code	Transaction ID: PR329084424482
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			240.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 261 (check only one) X 11a
ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
Mailing Address 500 Interstate Bouleva	rd South	M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR329215724482
Nashville	TN 37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. John Evans		Date of Receipt
Mailing Address One North Franklin Str	eet	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: PR329342624482
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt
Mailing Address 1136 W. Farwell Ave.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR329654224482
Chicago	IL 60626-3861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)
		1
		204.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 215 / 261 (check only one) X 11a
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		11 22 4 2010
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR330343324482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin	M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0	
	City	State Zip Code	Transaction ID: PR330411624482
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	W	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State Zip Code	Transaction ID: PR330465224482
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Deputy General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		162.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 216 / 261 (check only one) X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may i name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Hospital Association PAC			
. <u>N</u>	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
_	Mailing Address 4960 138th Circle Wes			11 22 2010
	City Apple Valley	State MN	Zip Code 55124-9229	Transaction ID: PR330475424482 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		120.00
<u>t</u>	Name of Employer American Hospital Associa- ion-Chicago	Occupation Regional E		
Г	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 1025 Connecticut Aven Suite 1000	11 22 7 9 9 9		
	Dity Machineton	State DC	Zip Code	Transaction ID: PR330534324482
F	Washington FEC ID number of contributing ederal political committee.	C	20036-5417	Amount of Each Receipt this Period 40.00
<u>t</u>	Name of Employer American Hospital Associa- ion-Washingt		sociate Director	
F	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
<u>N</u>	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547724482
F	Chicago FEC ID number of contributing	C	60606-3436	Amount of Each Receipt this Period 60.00
<u> </u>	ederal political committee. Name of Employer American Hospital Associa- ion-Chicago	Occupation	dent, Strategic Planning	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
SU	BTOTAL of Receipts This Page (optional)			220.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge		1 1 2 2 2 1 0 1 0
	City Lake Forest	State Zip Code IL 60045-1715	Transaction ID: PR330549224482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Vice President, Constituency Sectio Aggregate Year-to-Date	n
	Primary General Other (specify) ▼	920.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn	. L	Date of Receipt
	Mailing Address 3219 N. Oriole		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: PR331098324482
	Chicago	IL 60634-3232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, Associate Memb	persh
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt
	Mailing Address 1101 N. Kentucky Str	reet	11 22 2010
	City	State Zip Code	Transaction ID: PR331278824482
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Director, State Issues Forum	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
	SURTOTAL of Receipts This Page (optional)		222.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush		Date of Receipt
	Mailing Address 26 West Glendale Ave.		11 22 2010
	City Alexandria	State Zip Code VA 22301-2402	Transaction ID: PR331304224482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 22301-2402	159.99
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Advocacy and Public Po	olicy Op
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 893.29	P/R Deduction (\$40.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	1	11 22 2010
	City	State Zip Code	Transaction ID: PR331379124482
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Director Federal Relations &	Polic
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		111 22 2010
	City	State Zip Code	Transaction ID: PR331386924482
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 42.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		243.99

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 219 / 261 (check only one) X
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)		
١.	Mr. Alex R. White, Sr. Mailing Address 6225 US Hwy 290 E		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416024482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation AHA Regional Executive for TX Aggregate Year-to-Date ▼ 1380.00	P/R Deduction (\$60.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mr. Woodin Dale Mailing Address 800 W. Central Road		Date of Receipt
		7:01	11 22 2010
	City Arlington Heights	State Zip Code IL 60005-2349	Transaction ID: PR331481324482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Executive Director, ASHE	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR331533224482
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		342.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any persor ame and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR346168124482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		11 22 7 2010
City <u>Washington</u>	State Zip Code DC 20004-2801	Transaction ID: PR517619724482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR518031924482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	P/R Deduction (\$41.36 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	>	330.00
TOTAL This Period (last page this line number or	nlv)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 261 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personance name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Laura M. Werner		Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700		11 22 7 2010
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR560101524482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004-2010	42.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt
Mailing Address 325 Seventh Street, N	W	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR566280924482
Washington	DC 20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt
Mailing Address 606 S. Royal St.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR766023724482
Alexandria	VA 22314-4142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		162.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 261 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persor le name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		1 1 2 2 2 2 0 1 0
City	State Zip Code DC 20004-2818	Transaction ID: PR801366324482
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director Policy]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	322.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR876637224482
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Legislative Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay		Date of Receipt
Mailing Address 10702 Benning Way		M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR928186524482
Spotsylvania	VA 22551-4670	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47.73
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Communication Strategies	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	318.20	P/R Deduction (\$14.00 Bi- Weekly)
CURTOTAL of Descripto This Dags (antique)	>	149.73

A.

PAGE 223 / 261 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW 22 2010 1.1 Suite 700 Zip Code City State Transaction ID: PR936292324482 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 42.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Director of Operations Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$14.00 Bi-322.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) В. Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street 22 2010 City State Zip Code Transaction ID: PR939603924482 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Name of Employer American Hospital Associa-Occupation **Executive Director Quality Center** tion-Chicago Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$14.00 Bi-322.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	84.00
TOTAL This Period (last page this line number only)	•	201190.69

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 261 (check only one) 11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date ▼ 110000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federa Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600 C C00128082 Occupation Aggregate Year-to-Date 80000.00	Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D PO Box 259038 City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	rive State Zip Code WI 53725-9038 C C00422881 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M J D D J 2010 Transaction ID: 18681777 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		21000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 225 / 261 (check only one) 11a 11b 11c X 12 13 14 15 16 1
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00237495 Occupation Aggregate Year-to-Date ▼ 125000.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 Z 8 Z 0 1 0 Transaction ID: 18696887 Amount of Each Receipt this Period 15000.00
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78761-5587 C C00301325 Occupation Aggregate Year-to-Date ▼ 94800.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 3 2 2 0 1 0 Transaction ID: 18720160 Amount of Each Receipt this Period 30000.00
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park D PO Box 259038 City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	rive State Zip Code WI 53725-9038 C C00422881 Occupation Aggregate Year-to-Date ▼ 9982.61	Date of Receipt M M J D D J Z O 1 0 Transaction ID: 18727160 Amount of Each Receipt this Period 800.00
SUBTOTAL of Receipts This Page (optional)		45800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 226 / 261 (check only one) 11a 11b 11c X 12 13 14 15 16 17
A.	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal	atements ma name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt
Α.	Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee.	State CA	Zip Code 95814 0237495	Transaction ID: 18756426 Amount of Each Receipt this Period 10000.00
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	e Year-to-Date ▼ 135000.00	
В.	Full Name (Last, First, Middle Initial) Health Education and Learning Political Action Co Mailing Address 230 West McCarty Stre	•	LPAC)-Federal	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Jefferson City FEC ID number of contributing federal political committee.	State MO	Zip Code 65101 0478362	Transaction ID: 18756604 Amount of Each Receipt this Period 5000.00
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation	on e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	15000.00
TOTAL This Period (last page this line number only)	→	81800.00

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 227 / 261
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 X 16 17
	y information copied from such Reports and Statements for commercial purposes, other than using the name an		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)		
\rangle	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Castle Campaign Fund		Date of Receipt
	Mailing Address PO Box 133		10 15 2010
	City Stat	e Zip Code	Transaction ID: 18681029
	Wilmington DE	19899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C00254938	4000.00
	Name of Employer Occu	pation	
	Primary X General Other (specify) ▼	egate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional)	•	4000.00
TOTAL This Period (last page this line number only)	•	4000.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 261 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW		Date of Receipt 10 29 2010
City Washington	State Zip Code DC 20005	Transaction ID: 18726767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	132.21
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2085.70	Interest

		100.04
SUBTOTAL of Receipts This Page (optional)	<u> </u>	132.21
TOTAL This Period (last page this line number only)		132.21

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	/ one) ☐ 22
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) GMMB			Transaction ID: 18676315 Date of Disbursement
Mailing Address 1010 Wisconsin Ave NV Suite 800	V		10 M / D D / Y 2010 Y
City Washington	State Zip Code DC 20007		Amount of Each Disbursement this Period
Purpose of Disbursement TV Advertising and Production, See Line 24		004	-119092.00
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disburs Senate	ement For: Primary General Other (specify)		TV Advertising and Production, See Line 24
Full Name (Last, First, Middle Initial)			Transaction ID: 18726766
Citibank, F.S.B.			Date of Disbursement
Mailing Address 1400 G Street, NW			10 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee		001	22.59
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		Bank Fee
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 18755187 Date of Disbursement
Mailing Address Ste. 001			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} $
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
Purpose of Disbursement	100079		4.95
Merchant Fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Nr	Merchant Fees
State: District:			
SUBTOTAL of Disbursements This Page (optional)			-119064.46

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 230 / 26						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28	24 25 26 b 28c 29 30b					
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) American Hospital Association PAC									
Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001			Date of Disbu	ID: 18755189 Irsement					
City Chicago	State Zip Code IL 60679		Amount of Ea	ach Disbursement this Period					
Purpose of Disbursement Merchant Fees Candidate Name	ement For:	001 Category/ Type		50.71					
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼		Merchant Fe						
Newtek Merchant Solutions Mailing Address 744 N 4th Street			Date of Disbu	ID: 18755191 Irsement					
City Milwaukee	State Zip Code WI 53203		Amount of Ea	nch Disbursement this Period					
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/ Type	<u> </u>	87.40					
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fe	ees					
Full Name (Last, First, Middle Initial) Paymentech			Date of Disbu						
Mailing Address 14221 Dallas Parkway Building Two			111 /	04 / 2010					
Dallas	State Zip Code TX 75254		Amount of Ea	nch Disbursement this Period					
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/ Type							
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Merchant Fe	ees					
SUBTOTAL of Disbursements This Page (optional)				330.57					

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 231 / 261
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	c and address of any pointed to		ion contributors from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18755199
Citibank, F.S.B.			Date of Disbursement
Mailing Address 1400 G Street, NW			111 18 / 2010
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement		•	62.72
Bank Fee Candidate Name		001 Category/	
		Type	
Office Sought: House Disburse Senate	ement For: Primary General		Bank Fee
President	Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
Multi Media Services Corporation			Transaction ID: 18762869 Date of Disbursement
Mailing Address 915 King Street			10 19 7 2010
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement		004	-35000.00
TV & Radio Advertising & Production, See Line 24 Candidate Name	+	004 Category/	
		Туре	
Office Sought: House Disburse Senate	ement For: Primary General		TV & Radio Advertising & Production, See Line 24
President	Other (specify)		. 10000011, 000 2110 21
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 18762870
Multi Media Services Corporation			Date of Disbursement
Mailing Address 915 King Street			$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 0 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement	VA 22314	•	-65000.00
TV & Radio Advertising & Production, See Line 24	1	004	
Candidate Name		Category/ Type	
• H	ement For:		TV & Radio Advertising & Production, See Line 24
Senate President	Primary General Other (specify) ▼		Production, See Line 24
State: District:			
SUBTOTAL of Disbursements This Page (optional)			-99937.28

TOTAL This Period (last page this line number only)

C.

ugo,, 11001110110			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 232 / 261 y one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Multi Media Services Corporation			Transaction ID: 18762871 Date of Disbursement
Mailing Address 915 King Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & 1 & 2 \\ 2 & 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & 2 & 1 & 0 \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement TV & Radio Advertising & Production, See Line 24 Candidate Name		004	-106000.00
	ment For:	Category/ Type	TV 9 Dadia Advantisian 9
Senate President State: District:	Primary General Other (specify) ▼		TV & Radio Advertising & Production, See Line 24
Full Name (Last, First, Middle Initial) Mentzer Media			Transaction ID: 18780631 Date of Disbursement
Mailing Address 600 Fairmount Avenue Suite 306			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
,	State Zip Code MD 21286		Amount of Each Disbursement this Period
Purpose of Disbursement Television Advertising & Production, See Line 24		004	-78400.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Television Advertising & Production, See Line 24
Full Name (Last, First, Middle Initial) Mentzer Media			Transaction ID: 18780870 Date of Disbursement
Mailing Address 600 Fairmount Avenue Suite 306			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City	State Zip Code MD 21286		Amount of Each Disbursement this Period
Purpose of Disbursement Television Advertising & Production, See Line 24		004	-121600.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		Television Advertising & Production, See Line 24
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			-306000.00

TOTAL This Period (last page this line number only)

-524671.17

SCHEDIII E B (FEC Form 3Y)

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)			INE NUMBER: PAGE 233 / 261 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22 X 23 24 25 26 28b 28c 29 30
	ny Information copied from such Reports and States for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
4.	Full Name (Last, First, Middle Initial) Blumenthal For Senate Mailing Address 777 Summer Street				Transaction ID: 18689454 Date of Disbursement 10
	City	State Zip Code			Amount of Each Disbursement this Period
	Stamford Purpose of Disbursement	CT 06901			5000.00
	Contribution Candidate Name Sen. Richard Blumenthal		Са	011 tegory/ Type	
	Office Sought: House X Senate President State: CT Disburs	ement For: 2010 Primary X General Other (specify)		<u>,, </u>	Contribution
 3.	Full Name (Last, First, Middle Initial) Committee To Reelect Congressman Chr	s Smith			Transaction ID: 18689457 Date of Disbursement
	Mailing Address P.O. Box 3184				10 22 7 2010
	City Hamilton	State Zip Code NJ 08619			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Christopher H. Smith		Са	011 tegory/ Γype	250.00
	Office Sought: X House Senate President State: NJ District: 04	ement For: 2010 Primary X General Other (specify)		<u>,, </u>	Contribution
). -	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress				Transaction ID: 18689459 Date of Disbursement
	Mailing Address P. O. Box 909				10 M / D 2 D / Y 2 O 1 O Y
	City Columbus	State Zip Code GA 31902			Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2000.00
	Candidate Name Rep. Sanford D. Bishop, Jr.		Са	tegory/ Γype	
	Office Sought: X House Senate President State: GA District: 02	ement For: 2010 Primary X General Other (specify)			Contribution
Γ,	SUBTOTAL of Disbursements This Page (optional)				7250.00
	TOTAL This Period (last page this line number only				7230.00
L	This renou (last page this line humber only)			

SCHEDIII E B (FEC Form 3Y)

	Use separate schedule)		E NUMBER: PAGE 234 / 261 ly one)				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21 27	1b 22 X 23 24 25 7 28a 28b 28c 29				
	r Information copied from such Reports and State or commercial purposes, other than using the na								
	NAME OF COMMITTEE (In Full) American Hospital Association PAC								
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of John Barrow				Transaction ID: 18689460 Date of Disbursement 10 22 2 2 2 10				
	Mailing Address PO Box 8166				MO M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Savannah	State Zip Code GA 31412			Amount of Each Disbursement this Period				
	Purpose of Disbursement Contribution			011	2000.00				
	Candidate Name Rep. John Barrow			itegory. Type					
	Office Sought: X House Disbur Senate President State: GA District: 12	ement For: 2010 Primary X General Other (specify) ▼			Contribution				
	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall				Transaction ID: 18689461 Date of Disbursement				
	Mailing Address 586 Orange Street				10 D 2 D / Y Y Y Y Y Y				
	City Macon	State Zip Code GA 31201			Amount of Each Disbursement this Period				
	Purpose of Disbursement Contribution Candidate Name		-	011 ategory	2000.00				
	Mr. Jim Marshall			Type	,				
	Office Sought: X House Senate President State: GA District: 08	ement For: 2010 Primary X General Other (specify) ▼			Contribution				
	Full Name (Last, First, Middle Initial) Paul Broun Committee				Transaction ID: 18689462 Date of Disbursement				
	Mailing Address P.O. Box 1512				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Athens	State Zip Code GA 30601			Amount of Each Disbursement this Period				
	Purpose of Disbursement Contribution			011	1000.00				
	Candidate Name Rep. Paul C. Broun			itegory Type	1				
	Office Sought: X House Disbur Senate President State: GA District: 10	ement For: 2010 Primary X General Other (specify) ▼	1		Contribution				
_	otato. GA District. 10								

TEMIZED DISBURSEMENTS for each category of the 21b 22 23 24 25 25 25 27 28 28 28 28 28 28 28	SCHEDULE B (FEC Form	Use separate scriedt	lie(s) (check on	E NUMBER: PAGE 235 / 261 nly one)
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson Mailing Address P.O. Box 822 400 Broadway, Suite 501 City State Zip Code Cape Girardeau MO 63702 Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought: X House Senate Primary X General Primary X General Primary X General Primary X General Office Sought: X House Senate Primary X General Purpose of Disbursement Cortribution Cardidate Name Rep. Jo Bustinesment Cortribution Cardidate Name President State: NY District: 29 Full Name (Last, First, Middle Initial) Senate Primary X General Primary X General Contribution Cardidate Name President State: NY District: 29 Full Name (Last, First, Middle Initial) Scanda Sanate d Disbursement For: Contribution Cardidate Name President State: NY District: 29 Full Name (Last, First, Middle Initial) Scanda Sanate d Disbursement Category/ Type Contribution Category/ Type C		Detailed Summary P	age 21b	28a 28b 28c 29
Ammerican Hospital Association PAC Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson Mailing Address P.O. Box 822 400 Broadway, Suite 501 City State: MO Distursement Contribution Candidate Name (Last, First, Middle Initial) State: MO District: 08 Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) State: NY District: 29 Full Name (Last, First, Middle Initial) State: NY District: 29 Full Name (Last, First, Middle Initial) State: NY District: 29 Full Name (Last, First, Middle Initial) Candidate Name Rep. Thomas Reed Office Sought: X House Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) Candidate Name Rep. Thomas Reed Office Sought: X House Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City Sanate Disbursement Contribution Office Sought: House Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City Sanate President Category' Type Other (specify) ▼ Amount of Each Disbursement this Peric Category' Type Amount of Each Disbursement 1011 Office Sought: President Category' Type Other (specify) ▼				
Team Emerson For Jo Ann Emerson Mailing Address P.O. Box 822 400 Broadway, Suite 501 City Cape Girardeau Mo 63702 Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought: State: Mo 63702 Amount of Each Disbursement this Peric 2000.00 Contribution Transaction ID: 18689465 Date of Disbursement To W 2 2 V 2 0 1 0 V 2 0 V 2 0 1 0 V 2 0 1 0 V 2 0 V 2 0 1 0 V 2 0 V 2 0 1 0 V 2 0 V	NAME OF COMMITTEE (In Full)	<u> </u>		
City State Solution Cape Girardeau State Zip Code MO 63702 Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought: X House Senate Primary X General President City State Xip Code NY 14830 Purpose of Disbursement Contribution Candidate Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Xip Code NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House President Senate President Senate President Other (specify) ▼ Transaction ID: 18689465 Date of Disbursement To 111 Category/ Type Contribution Candidate Name Rep. Thomas Reed Office Sought: X House President Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) SAC PAC Office Sought: X House Senate President City State Zip Code Disbursement For: 2010 Contribution Contribution Candidate Name Rep. Thomas Reed Other (specify) ▼ Transaction ID: 18690948 Date of Disbursement this Peric Contribution Contr	,			
Cape Girardeau Purpose of Disbursement Contribution Candidate Name Rep. Jo Ann Emerson Office Sought:				
Contribution Candidate Name Rep. Jo Ann Emerson Office Sought:				Amount of Each Disbursement this Period
Candidate Name Rep. Jo Ann Emerson Office Sought: X House			011	2000.00
Office Sought:			Category/	
Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code Corning NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Primary X General President SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code NY 14830 Amount of Each Disbursement this Peric Contribution Contribution Contribution Candidate Name SAC PAC Office Sought: State Zip Code Disbursement For: 2010 Primary X General Other (specify) ▼ Transaction ID: 18690948 Date of Disbursement Transaction ID: 18690948 Date of Disbursement 1 0 1	Senate President	Primary X Gen		Contribution
Mailing Address 99 W 1st Street City State Zip Code NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House President State: NY District: 29 Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: 18690948 Date of Disbursement 1 0 M / 2 0 / 2 0 1 0 ✓ Transaction ID: 18690948 Date of Disbursement 1 0 M / 2 0 / 2 0 1 0 ✓ Amount of Each Disbursement this Peric Category/ Type Transaction ID: 18690948 Date of Disbursement 1 0 M / 2 0 / 2 0 1 0 ✓ Amount of Each Disbursement this Peric Category/ Type Amount of Each Disbursement 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 1 0 1 1 1 1 0 1	Full Name (Last, First, Middle Initial)			Transaction ID: 18689465
City State Zip Code NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code City State Zip Code Contribution Amount of Each Disbursement this Perion 3000.00 Contribution Contribution Transaction ID: 18690948 Date of Disbursement 10 1 2 0 7 2 0 7 2 0 1 0	Tom Reed For Congress			
Corning Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: Senate President State: NY District: 29 Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Disbursement For: State Zip Code Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Contribution Category/ Type 2010 Contribution 2500.00	Mailing Address 99 W 1st S	treet		
Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought:				Amount of Each Disbursement this Period
Candidate Name Rep. Thomas Reed Office Sought:	•		011	3000.00
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Senate Primary General Other (specify) ▼ Contribution Candidate Name Senate Primary General Other (specify) ▼ Contribution			Category/	
SAC PAC Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Senate Primary General President Date of Disbursement 1 0	Senate President	Primary X Gen	eral	Contribution
Mailing Address 6380 Wilshire Blvd., #1612 City State Zip Code Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Senate Primary General President Other (specify) ▼ 10 20 2010 Amount of Each Disbursement this Period 2500.00 Category/ Type 2010 Contribution 2010 Contribution		1		
Los Angeles, CA 90 Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Senate Primary Other (specify) President Disbursement For: Senate Other (specify) Other (specify)	Mailing Address 6380 Wilshir	e Blvd., #1612		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Purpose of Disbursement 2010 Contribution Candidate Name SAC PAC Office Sought: House Primary General President Disbursement For: Primary General Other (specify)		State Zip Code		Amount of Each Disbursement this Period
Candidate Name SAC PAC Office Sought: Disbursement For: Senate Primary General Other (specify)	Purpose of Disbursement		011	2500.00
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Candidate Name		Category/	
	Senate	Primary Gen		2010 Contribution

		3 (FEC Fo SBURSEN		' U	se sep	arate schedule(s) category of the				E NUMBER:							236	/ 261
	יום סו	DUKSEN	VIENIS	D		Summary Page		\Box	21b 27		22 28a	X	23 28	, [24 280		25 29	
						ot be sold or used ess of any political												s
		/ITTEE (In Ful		io riamo ano	addic	oo or arry pointion			00 10 0	011011								
America	ın Hosp	oital Associat	tion PAC															
Full Name		First, Middle Ini	itial)								Frans Date				1869 nent	0967	7	
Mailing A	ddress	PO Box 6	80063								1 ^M 0	М	/	2 (D /	Y	2 0 1 (O Y
City Franklin	 I			State TN	9	Zip Code 37068					Amou	ınt o	f Ea	ch [Disburs	-		
Purpose 2010 Cor								01	1		<u> </u>				_	25	00.00)
Candidate WEDGE								ateg	ory/									
Office So	ught:	House Senate President District:			mary	General ecify) ▼				2	2010	Cor	ntrik	outio	on			
		First, Middle Ininity & Educat	,	(JOEPAC	C)						Frans Date				1869	1531	l	
Mailing A		84-54 Gra		•								M	_		D /	Y	20 1 C	O Y
				State		Zip Code					A			- l- F): a la			Davis
City Elmhurs	st			NY	;	11373					AIIIOL	int o	ı Ea	CHL	Disburs	emer	it triis i	Perio
Purpose 2010 Cor							Г	01			L.					20	00.00)
Candidate	e Name	nity & Educat	tion, PAC	(JOEPAC	C)			ateg Typ	ory/									
Office So	ught:	House Senate President			mary	General ecify) ▼				2	2010	Cor	ntrik	outio	on			
State:	- (1 1	District:	··· - 1\															
Walden		First, Middle Ini ongress	itiai)								Date	of D	isbu	rser				
Mailing A	ddress	PO Box 1	091								1 ^M 0	М		2 (ם [/] [Ý	2 0 1 (o ^Y
City Hood Ri	iver			State		Zip Code 97031					Amou	ınt o	f Ea	ch [Disburs	emer	nt this I	Perio
Purpose Contribut		rsement					Г	01	1		<u>L.</u>	_	_			10	00.00	<u>)</u>
Candidate Rep. Gr		P. Walden						ateg	ory/									
Office So	ught:	X House Senate President			mary	2010 X General ecify) ▼				(Contr	ibut	ion					
State: O	R	District: 02	`	0.1	ioi (api	○○ y) ▼												

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 237 / 261
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any political	Committee to so	nicit contributions from such committee
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling			Transaction ID: 18691773 Date of Disbursement
Mailing Address PO Box 820504			$\begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} 0 & \begin{smallmatrix} M \\ \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D \\ 2 \end{smallmatrix} 0 & \begin{smallmatrix} D \\ \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 & \begin{smallmatrix} Y \\ 1 \end{smallmatrix} 0 & \begin{smallmatrix} Y \\ \end{smallmatrix} \end{bmatrix}$
	State Zip Code TX 75382		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Jeb Hensarling		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify)		Contribution
State: TX District: 05 Full Name (Last, First, Middle Initial)			
Betty Sutton For Congress			Transaction ID: 18691827 Date of Disbursement
Mailing Address 1700 W Market St #155			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Akron	State Zip Code OH 44313		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011	3000.00
Rep. Betty S. Sutton		Category/ Type	
Office Sought: X House Senate President State: OH District: 13	ment For: 2010 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) LoBiondo For Congress			Transaction ID: 18692359 Date of Disbursement
Mailing Address P.O. Box 550			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0^{M}\end{smallmatrix}] \ \ \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}0^{D}\end{smallmatrix}] \ \ \ \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0^{Y}\end{smallmatrix}0^{Y}$
	State Zip Code NJ 08362		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Frank A. LoBiondo		Category/ Type	
Office Sought: X House Disburse Senate President State: NJ District: 02	ment For: 2010 Primary X General Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (optional) .		>	6500.00
TOTAL This Period (last page this line number only)			

-		Use separate schedule(s	3)		OR LINE heck onl				l		238	201
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	22 28a	Х	23 28b	2	4 8c	25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											5
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
\mathbb{L}						ı						
	Full Name (Last, First, Middle Initial) Wu For Congress					Date		sburse	ement	89565 ×		V
	Mailing Address 818 Sw Third Ave., #118	32				1 0		2	6		ž 0 1 ()
	City Portland	State Zip Code OR 97204				Amou	ınt of	Each	Disbu	irseme	nt this f	Period
	Purpose of Disbursement Contribution			01	1	L.	_			1	000.00)
	Candidate Name Rep. David Wu		C	ateo Typ	gory/ oe							
	Office Sought: X House Senate President State: OR District: 01	ement For: 2010 Primary X General Other (specify)				Contr	ibut	ion				
_	Full Name (Last, First, Middle Initial)					Trans	saction	on ID:	186		7	
	Rehberg For Congress					М	of Di	sburse	ement 6	Υ	Y Y	Υ
	Mailing Address PO Box 1597					1 0		2	6	<u></u>	ž 0 i ()
	City Helena	State Zip Code MT 59624				Amou	ınt of	Each	Disbu		nt this f	
	Purpose of Disbursement Contribution			01	1		0			2	000.00)
	Candidate Name Rep. Dennis R. Rehberg			ateç Typ	gory/ pe							
	Office Sought: X House Senate President State: MT District: 00	ement For: 2010 Primary X General Other (specify)	•			Contr	ibuti	ion				
	Full Name (Last, First, Middle Initial) Jackie Speier For Congress							on ID:		69566	1	
	Mailing Address Post Office Box 112					1 ^M 0	M /	^D 2	0 /	Υ	žoťo) ^Y
	City Burlingame	State Zip Code CA 94011				Amou	ınt of	Each	Disbu	ırseme	nt this f	Period
	Purpose of Disbursement Contribution			01	1.	L.	0			2	00.00)
	Candidate Name Rep. Jackie Speier			_	gory/							
	Senate President	ement For: 2010 Primary X General Other (specify)	-			Contr	ibuti	ion				
	State: CA District: 12										00.00	

C.

SCHEDULE B (FEC Form 3X)		rate schedule(s)			OR LIN			R:		PA	GE	239	/ 261
ITEMIZED DISBURSEMENTS		ategory of the summary Page		È	21b 27	Á	22 28a	X	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and State													5
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	ne and address	s of any political	com	ırr	iittee to s	OIICI	t contr	ibuti	ons ire	om such d	comi	nittee	
American Hospital Association PAC													
·													
Full Name (Last, First, Middle Initial) Defazio For Congress									on ID: sburse	18695	679)	
							М	м / м /	D	D / N	′ <u>Y</u>	Y	Y
Mailing Address PO Box 1316							1 0		2	Ŏ Í	. 2	010)
City Springfield	State OR	Zip Code 97477					Amou	nt of	Each	Disburse	men	t this I	Period
Purpose of Disbursement				v				_			20	00.00)
Contribution Candidate Name				_	11								
Rep. Peter Anthony DeFazio					egory/ ype								
Senate President	ement For: Primary Other (spec	2010 X General cify) ▼					Contri	buti	ion				
State: OR District: 04													
Full Name (Last, First, Middle Initial) Bill Owens For Congress									on ID: sburse	18695 ement	680)	
							M	M /			, Y	0 1 (Y
Mailing Address PO Box 1575							1 0			U		UI	,
City Plattsburgh	State NY	Zip Code 12901					Amou	nt of	Each	Disburse	men	t this	Period
Purpose of Disbursement Contribution				0	11						10	00.00)
Candidate Name Rep. Bill Owens					egory/ ype								
Senate President	ement For: Primary Other (spec	2010 X General cify) ▼					Contri	buti	ion				
State: NY District: 23 Full Name (Last, First, Middle Initial)													
Citizens To Elect Phil Roe To Congress									on ID: sburse	18695 ement	681		
Mailing Address PO Box 3218							1 ^M 0	M /	^D 2	0 /	Ž	010) Y
City Johnson City	State TN	Zip Code 37602					Amou	nt of	Each	Disburse	men	t this I	Period
Purpose of Disbursement		3,002		_		+					10	00.00	
Contribution				_	11.								
Candidate Name Rep. David Roe					egory/ ype								
Office Sought: X House Disburs Senate President	ement For: Primary Other (spec	2010 X General					Contri	but	ion				
State: TN District: 01													
SUBTOTAL of Disbursements This Page (optional)					. •						40	00.00)

TOTAL This Period (last page this line number only)

SCHEDIII E B (FEC Form 3Y)

	TEDULE B (FEC FOIII 3X)	Use separate schedule(s		DR LINE NUMBER: PAGE 240 / 261 neck only one)
	MIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 22 X 23 24 25 27 28a 28b 28c 29
				person for the purpose of soliciting contributions tee to solicit contributions from such committee
	AME OF COMMITTEE (In Full)	Traine and address of any pointed	21 00111111111	
<i>)</i> A	merican Hospital Association PAC			
	ull Name (Last, First, Middle Initial)			Transaction ID: 18695685
S	teve Cohen For Congress			Date of Disbursement
М	ailing Address 349 Kenilworth Place	9		10 20 7 2010
	ity Iemphis	State Zip Code TN 38112		Amount of Each Disbursement this Perio
_	urpose of Disbursement	110 00112	-	1000.00
_	ontribution		011	
	andidate Name ep. Stephen Ira Cohen		Catego Type	• •
0	ffice Sought: X House Dist Senate President	oursement For: 2010 Primary X General Other (specify)		Contribution
St	tate: TN District: 09	Curior (openity)		
	ull Name (Last, First, Middle Initial)			Transaction ID: 18695689
_	huck Fleischmann for Congress			Date of Disbursement
M	ailing Address P.O. Box 11091 Suite 1000 James Bu	uilding		10 M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity hattanooga	State Zip Code TN 37401		Amount of Each Disbursement this Perio
Pı	urpose of Disbursement ontribution		011	3000.00
C	andidate Name Ir. Charles Fleischmann		O11 Catego	ory/
	ffice Sought: X House Senate President tate: TN District: 03	oursement For: 2010 Primary X General Other (specify) ▼	•	Contribution
	ull Name (Last, First, Middle Initial) iane Black For Congress			Transaction ID: 18695693 Date of Disbursement
M	ailing Address 819 Plantation Blvd			10 M / 20 / Y 2010
	ity allatin	State Zip Code TN 37066		Amount of Each Disbursement this Perio
	urpose of Disbursement ontribution		011	3000.00
_	andidate Name ep. Diane Black		Catego Type	• •
Ō	ffice Sought: X House Senate President Disl	oursement For: 2010 Primary X General Other (specify) ▼	1 , , , ,	Contribution
St	tate: TN District: 06			
	STOTAL of Disbursements This Page (option	anal)		7000.00

IT	CHEDOLE B (FI	•	Use sepa	arate schedule(s)		NUMBER: PAGE 241/2
_	EMIZED DISBU	RSEMENTS		category of the Summary Page	(check onl	22 X 23 24 25 28a 28b 28c 29
						or the purpose of soliciting contributions licit contributions from such committee
$\sum_{i=1}^{n}$	NAME OF COMMITTE American Hospital A	E (In Full)	<u> </u>	oo o. a.i, poilisa		
<u> </u>	Full Name (Last, First, M Womack For Congre		ittee			Transaction ID: 18695695 Date of Disbursement
		4 W Walnut Box 508				10 1 2 0 7 2 0 1 0
	City Rogers		State AR	Zip Code 72757		Amount of Each Disbursement this Pe
	Purpose of Disburseme Contribution Candidate Name	nt			011	2000.00
	Rep. Steve Womack		ursement For:	2010	Category/ Type	
	S	Senate President	Primary Other (spe	X General		Contribution
	State: AR Distr Full Name (Last, First, M Kansans For Huelsk	,				Transaction ID: 18695703 Date of Disbursement
	Mailing Address PC	Box 410				$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}0&M\end{smallmatrix} \ / \ \begin{bmatrix}D\\2\end{smallmatrix}0&D\end{smallmatrix} \ / \ \begin{bmatrix}Y&Y&Y&Y\\2\end{smallmatrix}0&1\end{smallmatrix}0$
	City Fowler		State KS	Zip Code 67844		Amount of Each Disbursement this Pe
	Purpose of Disburseme Contribution	nt			011	2000.00
	Candidate Name Mr. Timothy Huelska	mp			Category/ Type	
		louse Disbusenate President ict: 01	Primary Other (spe	2010 X General ecify) ▼		Contribution
	Full Name (Last, First, M	fiddle Initial)				Transaction ID: 18695704
	Stabenow for U.S. S	enate				Date of Disbursement
		enate D. Box 4945				10 M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			State MI	Zip Code 48826		Amount of Each Disbursement this Pe
	Mailing Address P.o. City East Lansing Purpose of Disburseme 2012 Contribution	D. Box 4945			011	10 20 7 2010
	City East Lansing Purpose of Disburseme 2012 Contribution Candidate Name Sen. Debbie Stabene	D. Box 4945	MI	48826	011 Category/ Type	Amount of Each Disbursement this Pe
	City East Lansing Purpose of Disburseme 2012 Contribution Candidate Name Sen. Debbie Stabene Office Sought:	D. Box 4945 OW House Disbusterate President		2012 X General	Category/	Amount of Each Disbursement this Pe

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 242/261
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) McDowell for Congress Committee			Transaction ID: 18695711 Date of Disbursement
Mailing Address P.O. Box 913			
City Sault Ste. Marie	State Zip Code MI 49783		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011	5000.00
Mr. Gary McDowell	2010	Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		Contribution
State: MI District: 01 Full Name (Last, First, Middle Initial) Citizens To Fleet Rick Larsen			Transaction ID: 18695717
Citizens To Elect Rick Larsen Mailing Address PO Box 326			Date of Disbursement
City Everett	State Zip Code WA 98206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	WA 30200	011	3000.00
Candidate Name Rep. Rick Larsen		Category/ Type	
Office Sought: X House Disburst Senate President State: WA District: 02	ement For: 2010 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Friends Of Dave Reichert			Transaction ID: 18695722 Date of Disbursement
Mailing Address P. O. Box 53322			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Q & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Bellevue	State Zip Code WA 98015		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	3000.00
Candidate Name Rep. David George Reichert		Category/ Type	
Senate President	ement For: 2010 Primary X General Other (specify)		Contribution
State: WA District: 08			
SUBTOTAL of Disbursements This Page (optional)		>	11000.00
TOTAL This Period (last page this line number only))	

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LIN			₹:			РА	GE	243	/ 261
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 28a		23 28b	ш.	24 28c	Н	25 29	26 30b
Any Information copied from such Reports and States or for commercial purposes, other than using the name												S
NAME OF COMMITTEE (In Full)	- and dodness of any pointed of					-						
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Brian Bilbray For Congress					ransa Date of		sburse	emen		723		
Mailing Address 991c Lomas Santa Fe D	rive			- [1 0 M	/	^D 2	20	/ Y	ž	0 1 (D Y
City Solana Beach	State Zip Code CA 92075			4	Amoun	t of	Each	Disb	urse	men	t this	Period
Purpose of Disbursement Contribution	920.0	0	11	L						10	00.00	
Candidate Name Rep. Brian P. Bilbray			egory/									
Senate President	ement For: 2010 Primary X General Other (specify)	,	<u>r</u>	С	ontrik	outi	on					
State: CA District: 50												
Full Name (Last, First, Middle Initial) Friends of Joe Baca					ransa Date of	Dis	sburse	emen		725		
Mailing Address 555 Capitol Mall Suite 1	425			[1 0 M	1 /	^D 2	2 0	/ Y	ž	0 1 (D Y
City Sacramento	State Zip Code CA 95814			<i>A</i>	Amoun	t of	Each	Disb	urse	-		
Purpose of Disbursement Contribution		0	11] l						1	00.00)
Candidate Name Rep. Joseph Baca			egory/ vpe									
Senate President	ement For: 2010 Primary X General Other (specify)			С	ontrik	outi	on					
State: CA District: 43 Full Name (Last, First, Middle Initial)				+_	_							
Pat Meehan For Congress					ransa Date of	f Dis	sburse	emen				
Mailing Address 50 S. Providence Road PO Box 308					10		^D 2	20	/ L	ž	0 1 (D [*]
City Media	State Zip Code PA 19063			A	Amoun	t of	Each	Disb	urse	men	t this	Period
Purpose of Disbursement Contribution		0	11							50	00.00)
Candidate Name Rep. Patrick Meehan	'	Cate	egory/ rpe									
Senate President	ement For: 2010 Primary X General Other (specify)			С	ontrik	outi	on					
State: PA District: 07												
SUBTOTAL of Disbursements This Page (optional)										610	0.00)

TOTAL This Period (last page this line number only)

IT	CHEDULE B (FEC Form	Use separate schedu	IIDIEI -	E NUMBER: PAGE 244 / 261
	EMIZED DISBURSEMEN		the (check or	nly one) 22
				of for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association F			olor contribution of the first section of the first
<u> </u>	Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress Co	nmittee		Transaction ID: 18695732 Date of Disbursement
	Mailing Address P.O. Box 292			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Roanoke	State Zip Code VA 24002		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/	1000.00
	Rep. Robert W. Goodlatte Office Sought: X House	Disbursement For: 2010	Type	
	Senate President State: VA District: 06	Primary X Gene Other (specify) ▼	eral	Contribution
	Full Name (Last, First, Middle Initial) Boucher For Congress Committee	ee		Transaction ID: 18695735 Date of Disbursement
	Mailing Address P.O. Box 2000			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Abingdon	State Zip Code VA 24212		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011	2000.00
	Candidate Name Mr. Rick Boucher		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2010 Primary X Gene Other (specify) ▼	eral	Contribution
	State: VA District: 09			
	Full Name (Last, First, Middle Initial) Kind For Congress Committee			Transaction ID: 18695981 Date of Disbursement
	Full Name (Last, First, Middle Initial)	South		
	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue Suite 428 City La Crosse	e South State Zip Code WI 54601		Date of Disbursement M
	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue Suite 428 City La Crosse Purpose of Disbursement Contribution	State Zip Code	011 Ottorous	Date of Disbursement
	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue Suite 428 City La Crosse Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind	State Zip Code WI 54601	Category/ Type	Date of Disbursement M
	Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue Suite 428 City La Crosse Purpose of Disbursement Contribution Candidate Name	State Zip Code	Category/ Type	Date of Disbursement M

		3 (FEC Form	·		arate schedule(s)		_		NUMBI	ER:			PAGE	245 /	261
IT	EMIZED DIS	SBURSEMEN	ITS		category of the Summary Page		<u> </u>	1b	y one) 22 28a		23 28b	24 28		25 29	П
		ed from such Reports													;
$\sum_{i=1}^{n}$	NAME OF COM	•		and dddie	oo or any pomaoa						, , , , , , , , , , , , , , , , , , ,	3111 GGG			
	Full Name (Last, Democrats Wi	First, Middle Initial) n Seats PAC										1869 ement	96448	3	
	Mailing Address	1071 Turin Bra	ınch Lane						1 ^M 0	M /	^D 2	. 8 /	Y	2 0 1 0) ^Y
	City Weston			tate L	Zip Code 33326				Amo	unt of	Each	Disbur			
	Purpose of Disbu 2010 Contribution						011		L	-			10	00.00)
	Candidate Name Democrats Wi		I post				tegor Type	ı/ 							
	Office Sought:	House Senate President District:		nent For: Primary Other (spe	General ecify)				2010	Con	tribut	tion			
	State: Full Name (Last, Childers For C	First, Middle Initial)										1869 ement	96449)	
	Mailing Address	PO Box 177							1 ^M 0	M /	^D 2	. 8 ^D	YZ	2 0 1 0) ^Y
	City Booneville			state MS	Zip Code 38829				Amo	unt of	Each	Disbur	semer	nt this F	² eric
	Purpose of Disbu Contribution	rsement					011		L.				20	00.00)
	Candidate Name Mr. Travis Way	·					itegor Type	//							
	Office Sought: State: MS	X House Senate President District: 01		nent For: Primary Other (spe	2010 X General ecify) ▼				Cont	ributi	on				
		First, Middle Initial)							Date	of Dis	sburse	1869 ement			
	Mailing Address	151 Linden Ro	ad						1 ^M 0	M /	^D 2	. 8 /	Y	2 0 1 0) ^Y
	City Mineola			tate VY	Zip Code 11501				Amo	unt of	Each	Disbur			
	Purpose of Disbu	rsement					011		L.	_			15	500.00)
	Contribution					Ca	tegor	/							
	Contribution Candidate Name Rep. Carolyn N		1 2				Туре								
	Contribution Candidate Name	AcCarthy X House Senate President District: 04		nent For: Primary Other (spe	2010 X General ecify)		_		Cont	ributi	on				

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		P	AGE	246	/ 261
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	Á	22 28a	X	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Stater													s
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	ie and addre	ss of any political	com	ırr	iittee to s	OIIC	t contr	ibuti	ons ire	om such	COMI	nittee	
American Hospital Association PAC													
<u> </u>													
Full Name (Last, First, Middle Initial) Adam Smith For Congress Committee							Date	of Di	sburse				
Mailing Address PO Box 23626							1 ^M 0	M	^D 2	8 /	Ž	0 1 (ם ^י
City Federal Way	State WA	Zip Code 98093					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement Contribution				Q	11		<u></u>	-			25	00.00	0
Candidate Name Rep. D. Adam Smith					egory/ ype								
Office Sought: X House Disburs Senate President State: WA District: 09	ement For: Primary Other (spe	2010 X General ecify) V					Contri	ibut	ion				
Full Name (Last, First, Middle Initial)						$^{+}$	Trans	acti	on ID:	18696	3485	;	
Latourette For Congress Committee									sburse		7-00	,	
Mailing Address 320 Kenarden Dr.							1 ^M 0	М	^D 2	8 /	ž	010	o ^Y
City Highland Hts.	State OH	Zip Code 44143					Amou	nt of	Each	Disburse	emer	t this	Period
Purpose of Disbursement Contribution				0	11		L.				,5	00.00)
Candidate Name Rep. Steven C. LaTourette					egory/ ype								
Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion				
State: OH District: 14 Full Name (Last, First, Middle Initial)						+				4070			-
Serving America's Citizens - SAC PAC							Date		on ID: sburse	18700 ement			V
Mailing Address PO Box 455							1 [™] 1			1 ′	2	0 1 (ס '
City Alexandria	State VA	Zip Code 22313					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement Void of 10/2010 Disbursement				Q	11		L.	_			-25	00.00)
Candidate Name Serving America's Citizens - SAC PAC					egory/ ype								
Senate President	ement For: Primary Other (spe	General ecify) ▼					Void o	of 10	0/201	0 Disbu	rser	n-	
State: District:													
SUBTOTAL of Disbursements This Page (optional)					. •						5	00.00)

TOTAL This Period (last page this line number only)

		B (FEC Form	· · · · · · · · · · · · · · · · · · ·	Jse sepa	arate schedule(s)	_	R LINE NUMBER: PAGE 247 / 26 eck only one)
Τ	EMIZED DI	SBURSEMEN			category of the Summary Page		21b 22 X 23 24 25 27 28a 28b 28c 29
							erson for the purpose of soliciting contributions et to solicit contributions from such committee
\rangle	NAME OF COM	•			7,1		
	Full Name (Last, Kirk For Senat	First, Middle Initial)					Transaction ID: 18700607 Date of Disbursement
	Mailing Address	P.O. Box 8					111 D D D Y 2010 Y
	City Winnetka		Stat IL	e	Zip Code 60093		Amount of Each Disbursement this Perio
	Purpose of Disbu	isbursement				011	-4000.00
	Candidate Name Sen. Mark Ste		Disburseme	nt For:	2010	Categor Type	
		χ Senate President	Pr X Ot	imary her (spe	General ecify)		Void of 9/2010 Disburseme- nt
	State: IL Full Name (Last, Friends Of Bill	District: First, Middle Initial) Posev	Special-Ge	eneral2	2010		Transaction ID: 18723064 Date of Disbursement
	Mailing Address	P. O. Box 360	877				M M M / D D D / Y 2 0 1 0 Y
	City Melbourne		Stat FL		Zip Code 32936		Amount of Each Disbursement this Period
	Purpose of Disbu Void of 7/2010 D	isbursement				011	-1500.00
	Candidate Name Rep. Bill Pose	у				Categor Type	
	Office Sought: State: FL	X House Senate President District: 15	Disbursemen X Pr Ot	imary	2010 General ecify)		Void of 7/2010 Disburseme- nt
	Full Name (Last, Collins For Se	First, Middle Initial) nate					Transaction ID: 18726010 Date of Disbursement
	Mailing Address	PO Box 1096					11 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bangor		Stat ME		Zip Code 04402		Amount of Each Disbursement this Perio
	Purpose of Disbu 2014 Contributio	n				011	1000.00
	Candidate Name Sen. Susan M	. Collins	l post		0011	Categor Type	
	000		I Dioburoomo	nt Hor:	2014		0014 Contribution
	Office Sought:	X Senate President	Disbursemen X Pr		General ecify) ▼		2014 Contribution

50	CHEDULE B (FEC Form 3X)	Use separate schedule(s			NUMBER: PAGE 248 / 26
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	7 (offe) 22
	r Information copied from such Reports and State or commercial purposes, other than using the nate				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	include address of any pointed	<u> </u>		ion contributions from such committee
/	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown				Transaction ID: 18726014 Date of Disbursement
	Mailing Address PO Box 76187				$\begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} M \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ 1 \end{smallmatrix} \end{bmatrix} \begin{bmatrix} $
	City Washington	State Zip Code DC 20013			Amount of Each Disbursement this Per
	Purpose of Disbursement 2012 Contribution Candidate Name			011	1000.00
	Sen. Sherrod Brown	sement For: 2012		tegory/ ype	
	· -	✓ Primary GeneralOther (specify) ▼			2012 Contribution
	Full Name (Last, First, Middle Initial) Forward Together PAC				Transaction ID: 18755106 Date of Disbursement
	Mailing Address 201 N. Union Street Suite 300				111
	City Alexandria	State Zip Code VA 22314			Amount of Each Disbursement this Per
	Purpose of Disbursement 2010 Contribution Candidate Name Forward Together PAC		Cat	011 tegory/	5000.00
		sement For: Primary General Other (specify) ▼	1 .	ypo	2010 Contribution
	Full Name (Last, First, Middle Initial) Klobuchar For Minnesota				Transaction ID: 18755111 Date of Disbursement
	Mailing Address PO Box 4146				111
	City St Paul	State Zip Code MN 55104			Amount of Each Disbursement this Per
	Purpose of Disbursement 2012 Contribution Candidate Name)11 tegory/	2000.00
	Sen. Amy Klobuchar			ype	
	X Senate President	sement For: 2012 C Primary General Other (specify)			2012 Contribution
	State: MN District:				

		(FEC FOIIII	•		arate schedule(s)			R LINE eck onl			R:			P/	AGE	249 /	261
ITE	EMIZED DIS	SBURSEMEN	NTS		category of the Summary Page			21b 27	22 28	2	Х	23 28b	П	24 28c	П	25 29	$\prod_{i=1}^{n}$
		ed from such Reports poses, other than us						person	for the	pui		se of s		ting c		utions	\Box
١.	NAME OF COMM American Hosp	MITTEE (In Full) Dital Association F	PAC														
	Full Name (Last, Denham For C Mailing Address	First, Middle Initial) ongress 2150 River Pla	aza Dr #150)					Da	ate c	of Di	ion ID				0 Ĭ 0	Y
	City Sacramento			State CA	Zip Code 95833				An	noui	nt o	f Each	n Dis	burse	emen	t this F	erioc
	Purpose of Disbu Contribution Candidate Name	rsement				Ci	01°		L						35	00.00	
	Mr. Jeff Denha Office Sought: State: CA	X House Senate President District: 19		ment For: Primary Other (spe			Тур	•	Со	ntri	but	ion					
	Full Name (Last, Gardner For C Mailing Address	First, Middle Initial) ongress PO Box 2408							Da !	ate c		isburs			_	0 Ť 0	Y
	City Loveland			State CO	Zip Code 80539				An	noui	nt o	f Each	n Dis	burse	emen	t this F	erioc
	Purpose of Disbu Contribution Candidate Name Rep. Cory Gar						01 ateg	ory/							50	00.00	
	Office Sought: State: CO	X House Senate President District: 04		ment For: Primary Other (spe			- 71-		Co	ntri	but	ion					
	Full Name (Last, Friends Of Der	First, Middle Initial) nnis Ross	•						ı	ate c	of Di	on ID	eme		5117		
	Mailing Address	PO Box 7310								1	M	/ D.	16		ž	0 Í 0	Υ
	City Lakeland			State FL	Zip Code 33807				An	noui	nt o	f Each	n Dis	burse	-	t this F	-
	Purpose of Disbu 2012 Contribution Candidate Name Rep. Dennis R	1					01 ateg	ory/			•		•		200	00.00	
	Office Sought: State: FL	X House Senate President District: 12	Disburse	ment For: Primary Other (spe	2012 General ecify)				20	12 (Cor	ntribu	ıtion	l			
										_	-		-			0.00	

C.

SCHEDULE B (FEC Form 3X)	USE SEDALATE SCHEULIE(S) /ala.					INE NUMBER: PAGE 250 / 261								
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27	Ä	22 28a	X	23 28b	24 28	, F	25 29	F	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full)														
American Hospital Association PAC														
Full Name (Last, First, Middle Initial)									-	1875	511	8		'
Dold For Congress						Date of Disbursement 111 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
Mailing Address PO Box 8145														
City Northfield	State IL	Zip Code 60093					Amou	nt of	f Each	Disbur	seme	ent this	Peri	od
Purpose of Disbursement Contribution			Г	0	11				_		5	000.0	00	
Candidate Name Rep. Robert Dold			Ca	at	egory/ ype									
Senate President X	ement For: Primary Other (spe				,,		Contri	ibut	ion					
Full Name (Last, First, Middle Initial)	.0110101	2110					T		ID-	107	· E 4 4			
Kansans For Huelskamp									sburse	1875 ement	0011	9		
Mailing Address PO Box 410							111 / 16 / Y 2010 Y							
City Fowler	Zip Code 67844					Amount of Each Disbursement this Period					od			
Purpose of Disbursement Contribution	KS		011				2000.00							
Candidate Name Mr. Timothy Huelskamp		Categor Type												
Senate President X	ement For: Primary Other (spe						Contri	ibut	ion					
	eneral De	bt Re												
Full Name (Last, First, Middle Initial) Huizenga For Congress									on ID: sburse	1875 ement	512	23		
Mailing Address 441 William Court							^M 1	М	^D 1	^D 6	Υ	ž 0 ť	0 Y	
City Zeeland	State MI	Zip Code 49464					Amou	nt of	f Each	Disbur	seme	ent this	Peri	od
Purpose of Disbursement Contribution			Г	0	11			-			4	0.000	00	
Candidate Name Mr. William Huizenga					egory/ ype									
Senate	ement For: Primary Other (spe	2010 General				•	Contri	ibut	ion					
	General De													
SUBTOTAL of Disbursements This Page (optional)					. •						11	0.00	0	

TOTAL This Period (last page this line number only)

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE NUMBER: P. ck only one)		AGE 2	251 / 2	261	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 28a	23 28b	24 28c		25 29	
ny Information copied from such Reports and State for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)	ie and address of any pointe	ai con	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	SONCIL CONTINUA	tions no	iii Sucii	COMMIN	.100	
American Hospital Association PAC									
Editions (Last First Middle 1979)									
Full Name (Last, First, Middle Initial) Friends Of Joe Heck		Transaction ID: 18755181 Date of Disbursement							
Mailing Address PO Box 750114		11 M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City Las Vegas	State Zip Code NV 89136			Amount	of Each I	Disburs	ement t	his Pe	eric
Purpose of Disbursement Contribution			011	Ī L			5000	0.00	
Candidate Name Mr. Joe Heck		C	ategory/ Type						
Senate	ement For: 2010 Primary General Other (specify)	•		Contribu	tion				
	General Debt Re								
Full Name (Last, First, Middle Initial) Friends Of Frank Guinta				Transact Date of D			5192		
Mailing Address P.O. Box 877				1 1 M	/ D 1	^D /	ž 0	ťo`	Υ
City Manchester	State Zip Code NH 03105			Amount	of Each I	Disburs	ement t	his Pe	eric
Purpose of Disbursement Contribution	T	011				2500	0.00	_	
Candidate Name Mr. Frank Guinta	- - -	ategory/ Type							
Senate	ement For: 2010 Primary General Other (specify)	<u> </u>	- 7/2-	Contribu	tion				
	General Debt Re								
Full Name (Last, First, Middle Initial) Bass Victory Committee				Transact Date of D			5206		
Mailing Address PO Box 3451				1 1 M	/ D 1	6 /	Ý Ž 0	ío`	Y
City Concord	State Zip Code NH 03302			Amount	of Each I	Disburs	ement t	his Pe	eric
Purpose of Disbursement 2012 Contribution	. 3332	ТГ	011				1000	0.00	_
Candidate Name Mr. Charles Bass	ategory/ Type								
· —	ement For: 2012 (Primary General Other (specify)	1		2012 Co	ntributi	on			
State: NH District: 02	Other (Specify) \								
<u>'</u>							0500		_
SUBTOTAL of Disbursements This Page (optional)							8500	1.00	

City Colonia NJ 07067 Purpose of Disbursement Contribution Candidate Name Rep. Jon Runyan Office Sought: X House President Primary General Primary General State: NJ District: 03 2010 General Debt Re Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City State Zip Code NY 13502 Purpose of Disbursement Contribution Office Sought: X House Primary General Debt Re City State Zip Code NY 13502 Purpose of Disbursement Contribution Office Sought: X House Senate Primary General Debt Re City State Zip Code NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House Senate Primary General Primary General Category/ Type Contribution Office Sought: X House Senate Primary General Category/ Type State: NY District: 24 2010 General Debt Re Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code Amount of Each Disbursement Mailing Address 99 W 1st Street Amount of Each Disbursement	252 / 261
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Jon Runyan For Congress Mailing Address PO Box 225 City State Zip Code Contribution Candidate Name Rep. Jon Runyan Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) State: NJ District: 03 Full Name (Last, First, Middle Initial) State: NJ District: 03 Full Name (Last, First, Middle Initial) State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City State: NY District: 24 Full Name (Last, First, Middle Initial) State: NY District: 24 Full Name (Last, First, Middle Initial) State: NY District: 24 Contribution Candidate Name Rep. Richard Hanna Office Sought: X House Senate President X Other (specify) ▼ 2010 General Debt Re Full Name (Last, First, Middle Initial) Transaction ID: 18755210 Contribution Contribution Candidate Name Rep. Richard Hanna Office Sought: X House Senate President X Other (specify) ▼ 2010 General Debt Re Full Name (Last, First, Middle Initial) Transaction ID: 1875522 Date of Disbursement 11	25 29
NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Jon Runyan For Congress Mailing Address PO Box 225 City Colonia Purpose of Disbursement Contribution Candidate Name Rep. Jon Runyan Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address Zip Code NY 13502 Contribution Transaction ID: 18755207 Date of Disbursement Category/ Type Contribution Contribution Transaction ID: 18755217 Contribution Contribution Transaction ID: 18755217 Date of Disbursement Contribution Transaction ID: 18755217 Date of Disbursement Contribution Transaction ID: 18755217 Date of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House President State: NY District: 24 Zip Code NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House President State: NY District: 24 Zip Code NY Other (specify) ▼ Zo10 General Debt Re Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address Mailing Address 99 W 1st Street City Corning NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Category Type Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Category Type Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010	
American Hospital Association PAC Full Name (Last, First, Middle Initial) Jon Runyan For Congress Mailing Address PO Box 225 City State Zip Code Colonia NJ 07067 Purpose of Disbursement Contribution Candidate Name Rep. Jon Runyan Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2308 Genesee Street City State Zip Code NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House President State: NJ District: 03 Full Name (Last, First, Middle Initial) Richard Hanna For Congress Mailing Address 2008 Genesee Street City State Zip Code NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House President NY 13502 Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code NY 14830 Purpose of Disbursement Contribution Candidate Name Rep Rep Richard Hanna Office Sought: X House Disbursement For: 2010 Candidate Name Rep Rep Romas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep Rep Romas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep Rep Romas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep Rep Romas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep Rep Rep Rep Rep Rep Rep Rep Rep Re	
Mailing Address PO Box 225	
Mailing Address PO Box 225	7
City Colonia NJ 07067 Purpose of Disbursement Contribution Candidate Name Rep. Jon Runyan Office Sought: X House Senate Primary General NY 13502 Purpose of Disbursement Contribution Contribut	2010
Colonia NJ 07067 Purpose of Disbursement Contribution Candidate Name Rep. Jon Runyan Office Sought: X House	nt this Perio
Contribution Candidate Name Rep. Jon Runyan Office Sought:	000.00
Rep. Jon Runyan Office Sought:	700.00
Office Sought:	
State: NJ District: 03	
Richard Hanna For Congress Mailing Address 2308 Genesee Street City State Zip Code Utica NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed City Disbursement State Zip Code NY 13502 Amount of Each Disbursement Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 13502 Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 14830 Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 14830 Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 14830 Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 14830 Contribution Candidate Name Rep. Thomas Reed City Category' Type Contribution Candidate Name Rep. Thomas Reed City State Zip Code NY 14830 Contribution Candidate Name Rep. Thomas Reed City Category' Type Contribution Candidate Name Rep. Thomas Reed City Category' Type Contribution Contribution Candidate Name Rep. Thomas Reed City Category' Type Contribution Contribution Contribution Contribution Contribution Contribution	
City Utica State Zip Code NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House Primary General X Other (specify) ▼ State: NY District: 24 2010 General Debt Re Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010)
Utica NY 13502 Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought: X House President President President President State: NY District: 24 President President President Primary General Primary Primary General Primary General Primary General Primary Primar	ž 0 1 0 °
Purpose of Disbursement Contribution Candidate Name Rep. Richard Hanna Office Sought:	nt this Perio
Candidate Name Rep. Richard Hanna Office Sought:	00.00
Office Sought:	
Full Name (Last, First, Middle Initial) Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code Corning NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Transaction ID: 1875522- Date of Disbursement Amount of Each Disbursement Category/ Type Contribution	
Tom Reed For Congress Mailing Address 99 W 1st Street City State Zip Code Corning NY 14830 Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Date of Disbursement Amount of Each Disbursement Category/ Type Contribution Contribution Contribution Contribution Contribution Contribution	
City State Zip Code Corning NY 14830 Purpose of Disbursement Contribution 011 Candidate Name Rep. Thomas Reed Disbursement For: 2010 Contribution Candidate Name Contribution Category/ Type Contribution	
Corning NY 14830 Purpose of Disbursement Contribution 011 Candidate Name Rep. Thomas Reed Category/ Type Office Sought: X House Disbursement For: 2010 Contribution Cantribution	2 0 1 0 °
Purpose of Disbursement Contribution Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Contribution Contribution Contribution	nt this Perio
Candidate Name Rep. Thomas Reed Office Sought: X House Disbursement For: 2010 Contribution	00.00
Office Sought: X House Disbursement For: 2010	
President X Other (specify) ▼	
State: NY District: 29 2010 General Debt Re	
SUBTOTAL of Disbursements This Page (optional)	00.00

		O (FEC FOIIII	•		rate schedule(s)			neck onl	NUMBE	n.			PAGE	253 /	261
		SBURSEMEN		Detailed S	category of the Summary Page		À	21b 27	22 28a	団	23 28b	24 28	С	25 29	
		ed from such Reports poses, other than using													•
abla	NAME OF COM		<u> </u>												
	Full Name (Last, Chris Gibson F	First, Middle Initial) For Congress							Trans		-	187	55223	3	
	Mailing Address	PO Box 247							1 1	M /	^D 1	6 /	Ý	010	Y
	City Kinderhook			State NY	Zip Code 12106				Amou	int of	Each	Disbur	semer	t this F	Perio
	Purpose of Disbu Contribution	rsement				_	01	_					25	00.00	
	Candidate Name Rep. Chris Gib		1				ateg Typ	-							
	Office Sought:	X House Senate President	X	ment For: Primary Other (spec					Contr	ibuti	on				
	State: NY Full Name (Last, Mike Kelly For	District: 20 First, Middle Initial) Congress	2010 G	eneral Deb	ot He				_			187	55236	3	
	Mailing Address	PO Box 476								M /		6	Y	o i o	Y
	City Lyndora			State PA	Zip Code 16045				Amou	ınt of	Each	Disbur	semer	t this F	Perio
	Purpose of Disbu Contribution	rsement					01		L.				50	00.00	
	Candidate Name Rep. George K	elly					ateg Typ	ory/ e							
	Office Sought: State: PA	X House Senate President District: 03	X	ment For: Primary Other (specence)					Contr	ibuti	on				
		First, Middle Initial) or Congress	1		· · · ·						sburse	187	55237	7	
	Mailing Address	PO Box 732							1 1	M /	1	6 /	Y	010	Y
	City Clinton			State SC	Zip Code 29325				Amou	int of	Each	Disbur		-	-
	Purpose of Disbursement Contribution						01		L.	_			25	00.00	
	Candidate Name Rep. Jeff Dunc	Category Type													
	Office Sought:	X House Senate President	X	ment For: Primary Other (spec					Contr	ibuti	on				
	State: SC	District: 03 oursements This Page		eneral Deb									400	00.00	

IT	CHEDOLE B (LEC LO	-	Use sepa	arate schedule(s)		E NUMBER: PAGE 254 / 261
	EMIZED DISBURSEN	IENTS	for each	category of the Summary Page	(check on 21b 27	nly one) 22 X 23 24 25 28 28a 28b 28c 29 3 3 3 3 3 3 3 3 3
An	y Information copied from such Re	ports and Statem	ents may no	ot be sold or used	d by any person	for the purpose of soliciting contributions olicit contributions from such committee
	NAME OF COMMITTEE (In Full)		and address	33 or any pontical	- Committee to 3	sicil contributions from such committee
\rangle	American Hospital Associati	on PAC				
	Full Name (Last, First, Middle Init Chuck Fleischmann for Con			Transaction ID: 18755238 Date of Disbursement		
	Mailing Address P.O. Box 1 Suite 1000	 1091 James Buildin			M M / D 1 6 / Y 2 0 1 0 Y	
	City Chattanooga	5	State TN	Zip Code 37401		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution				011	2000.00
	Candidate Name Mr. Charles Fleischmann	15:1		2010	Category/ Type	_
	Office Sought: X House Senate President	Disbursel X	ment For: Primary Other (spe	2010 General		Contribution
	State: TN District: 03		eneral Del	bt Re		
	Full Name (Last, First, Middle Init Diane Black For Congress	ial)		Transaction ID: 18755240 Date of Disbursement		
	Mailing Address 819 Planta	tion Blvd				
	City Gallatin		State TN	Zip Code 37066		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	2000.00	
	Candidate Name				Category/ Type	
	Rep. Diane Black					
		Disburse	Primary	2010 General		Contribution
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06	2010 Ge		General ecify) ▼		Contribution
	Rep. Diane Black Office Sought: X House Senate President	2010 Ge	Primary Other (spe	General ecify) ▼		Transaction ID: 18755241 Date of Disbursement
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init	2010 Ge	Primary Other (spe	General ecify) ▼		Transaction ID: 18755241
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init Bill Flores For Congress	2010 Ge	Primary Other (spe	General ecify) ▼		Transaction ID: 18755241 Date of Disbursement 111
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init Bill Flores For Congress Mailing Address PO Box 62 City Bryan Purpose of Disbursement Contribution	2010 Ge	Primary Other (speeneral Del	General ecify) ▼ bt Re	011	Transaction ID: 18755241 Date of Disbursement
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init Bill Flores For Congress Mailing Address PO Box 62 City Bryan Purpose of Disbursement	2010 Ge	Primary Other (speeneral Del	General ecify) ▼ bt Re	011 Category/ Type	Transaction ID: 18755241 Date of Disbursement 111
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init Bill Flores For Congress Mailing Address PO Box 62 City Bryan Purpose of Disbursement Contribution Candidate Name Rep. Bill Flores Office Sought: X House Senate President	2010 Ge	Primary Other (speeneral Deleneral D	General ecify) bt Re Zip Code 77805	Category/	Transaction ID: 18755241 Date of Disbursement 111
	Rep. Diane Black Office Sought: X House Senate President State: TN District: 06 Full Name (Last, First, Middle Init Bill Flores For Congress Mailing Address PO Box 62 City Bryan Purpose of Disbursement Contribution Candidate Name Rep. Bill Flores Office Sought: X House Senate	2010 Ge	Primary Other (speeneral Deleneral Deleneral TX	General ecify) bt Re Zip Code 77805	Category/	Transaction ID: 18755241 Date of Disbursement M M M / D 1 6 / Y 2 0 1 0 Y Amount of Each Disbursement this Period 5000.00

SCHEDULE B (FEC Form 3X	' Use separ	Use separate schedule(s)				NE NUMBER: PAGE 255 / 261 only one)							
ITEMIZED DISBURSEMENTS	Detailed S	ategory of the ummary Page		$\dot{\Box}$	21b 27	22 28a	Х	23 28b		24 28c	В	25 29	
Any Information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)	ic name and address	or arry political	COII		00 10 30	JICIL COIT	iibut	10113 1	1011			intico	
American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Jaime Herrera For Congress				1		ion IE		18755 nent	5243				
Mailing Address PO Box 1614				1 1	М	/ D	16	; / <u>`</u>	ź	0 Ť 0	Y		
City Ridgefield	State WA	Zip Code 98642				Amo	unt o	f Eac	h D	isburse	-		-
Purpose of Disbursement Contribution	Contribution									-	50	00.00	
Candidate Name Mr. Jaime Herrera		ateg Typ	-										
Senate President	isbursement For: Primary X Other (spec					Contribution							
State: WA District: 03 2 Full Name (Last, First, Middle Initial)	010 General Debi	t Re				_				40755			
Votetipton.Com						Date		isburs	sem				V
Mailing Address PO Box 846						1 1	M	/ L	1 6		Ž	0 1 0	Ť
City Cortez	State CO	Zip Code 81321				Amo	unt o	f Eac	h D	isburse	men	t this F	erio
Purpose of Disbursement Contribution	Г	01	1	2500.00									
Candidate Name Mr. Scott Tipton				ateg Typ	ory/ e								
Senate President	Primary X Other (spec					Cont	ribut	tion					
Full Name (Last, First, Middle Initial) Hartzler for Congress	oro donoral bost							ion IE		18755 nent	359	1	
Mailing Address PO Box 531	Mailing Address PO Box 531						М	/ D	1 6		ž	0 Ť 0	Y
City Harrisonville	State MO	Zip Code 64701				Amo	unt o	f Eac	h D	isburse	men	t this F	Perio
Purpose of Disbursement Contribution				01°		L.					50	00.00	
Candidate Name Rep. Vicky Hartzler													
Senate President	Primary X Other (spec					Cont	ribut	tion					
State: MO District: 04 2	010 General Debi	t Re							_		_		
SUBTOTAL of Disbursements This Page (op	tional)					L					1250	00.00	
TOTAL This Period (last page this line numb	er onlv)				•					10	313 	50.00	

CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS	' Use separate schedule(s)	FOR LINE NUMBER: PAGE 256 / 261 (check only one)
, , , , , , , , , , , , , , , , , , , ,	Statements may not be sold or used by he name and address of any political cor	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) McNerney For Congress Mailing Address 6520 Village Parky Second Floor	vay	Transaction ID: 18726012 Date of Disbursement
City Dublin Purpose of Disbursement 2010 Recount Donation Candidate Name Rep. Jerry McNerney	State Zip Code CA 94568	Amount of Each Disbursement this Period 2000.00 011 Category/ Type
Office Sought: X House Senate President State: CA District: 11	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼	2010 Recount Donation

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	—	2000.00

NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER						
NAME OF COMMITTEE (III Full)							
American Hospital Association PAC	C C00106146						
Check if 24-hour notice 48-hour notice							
Full Name (Last, First, Middle, Initial) of Payee	Date						
GMMB	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address	Amount						
1010 Wisconsin Ave NW Suite 800	119092.00						
City State Zip Code	Transaction ID: 18672731						
Washington DC 20007	Office Sought: X House State: CA						
Purpose of Expenditure TV Advertising and Production Category/ Type 004	Senate District: 18 Presidential						
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Rep. Dennis A. Cardoza	Disbursement For: Primary X General						
	Other (specify) :						
Calendar Year-To-Date Per Election 119092.00	2010						
for Office Sought							
Full Name (Last, First, Middle, Initial) of Payee	Date						
McCarthy Marcus Hennings, Ltd.	10 19 7 2010						
Mailing Address 1850 M Street, NW	Amount						
Suite 235	5183.48						
City State Zip Code	Transaction ID: 18781064						
Washington DC 20036	Office Sought: X House State: OH						
Purpose of Expenditure Category/	Senate District: 12 Presidential						
Television Production Category Type 004	Presidential						
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Rep. Patrick J. Tiberi	Disbursement For: Primary X General						
	Other (specify):						
Calendar Year-To-Date Per Election for Office Sought 5183.48	2010						
(a) SUBTOTAL of Itemized Independent Expenditures	124275.48						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.							
Ms. Melinda Hatton Signature Date 0,5	17 2011						

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 258 / 261 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
American Hospital Association PAC	C C00106146
Check if 24-hour notice 48-hour notice	G constitu
Full Name (Last, First, Middle, Initial) of Payee	Date
McCarthy Marcus Hennings, Ltd.	M M / D D / Y Y Y Y Y Y 1 2 0 1 0
Mailing Address 1850 M Street, NW Suite 235	Amount 5093.48
City State Zip Code	Transaction ID: 18781202
Washington DC 20036	Office Sought: X House State: NE
Purpose of Expenditure Television Production Category/ Type 004	Senate District: 02 Presidential
Name of Federal Candidate supported or Opposed by expenditure: Rep. Lee Terry	Check One: X Support Oppose
nep. Lee Terry	Disbursement For: Primary X General
Calendar Year-To-Date Per Election	Other (specify) :
for Office Sought	2010
Full Name (Last, First, Middle, Initial) of Payee	Date
Mentzer Media	1 0
Mailing Address 600 Fairmount Avenue Suite 306	Amount 78400.00
City State Zip Code	Transaction ID: 18780598
Towson MD 21286	Office Sought: X House State: NE Senate District: 02
Purpose of Expenditure Television Advertisi- Category/ 004	Senate District: 02 Presidential
Television Advertising Type 004	
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose
Rep. Lee Terry	Disbursement For: Primary X General
Calandar Vany To Data Day Floation	Other (specify) :
Calendar Year-To-Date Per Election 83493.48 for Office Sought	2010
(a) SUBTOTAL of Itemized Independent Expenditures	83493.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.	
Ms. Melinda Hatton Signature Date 0,5	17 2011

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 259 / 261 FOR LINE 24 OF FORM 3X						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER						
American Hospital Association PAC	C C00106146						
Check if 24-hour notice 48-hour notice							
Full Name (Last, First, Middle, Initial) of Payee	Date						
Mentzer Media	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
Mailing Address 600 Fairmount Avenue	Amount 121600.00						
Suite 306	121600.00						
City State Zip Code	Transaction ID: 18780835						
Towson MD 21286	Office Sought: X House State: OH						
Purpose of Expenditure Television Advertising Category/ Type 004	Senate District: 12 Presidential						
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Rep. Patrick J. Tiberi	Disbursement For: Primary X General						
Calendar Year-To-Date Per Election	Other (specify) :						
for Office Sought	2010						
Full Name (Last, First, Middle, Initial) of Payee	Date						
Multi Media Services Corporation	1,0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address	Amount						
915 King Street	106000.00						
City State Zip Code	Transaction ID: 18682157						
Alexandria VA 22314	Office Sought: X House State: PA						
Purpose of Expenditure Category/	Senate District: 06 Presidential						
TV & Radio Advertising & Production Calegory/Type 004							
Name of Federal Candidate supported or Opposed by expenditure:	Check One: X Support Oppose						
Rep. James W. Gerlach	Disbursement For: Primary X General						
	Other (specify):						
Calendar Year-To-Date Per Election 106000.00 for Office Sought	2010						
(a) SUBTOTAL of Itemized Independent Expenditures	227600.00						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the recommittee) any political party committee or its agent.							
Ms. Melinda Hatton Signature Date 0,5	17 2011						

ITEMIZED INDEPENDENT EX	(PENDITURES			PAGE 260 / 261 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
American Hospital Association PAC				C C00106146
Check if 24-hour notice 48	-hour notice			G
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
Multi Media Services Corporation	•		M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
915 King Street				35000.00
City	State Zip C	ode		n ID: 18683637
Alexandria	VA 2231	4	Office Sought	
Purpose of Expenditure Radio Advertising & Production	Category/ Type	004		Senate District: 15 Presidential
Name of Federal Candidate supported or	Opposed by expenditure:		Check One:	X Support Oppose
Rep. Charles W. Dent			Diahuraamani	t For: Primary X General
			Disbursement	
Calendar Year-To-Date Per Election	3500	0.00	2010	er (specify) :
for Office Sought				
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
OnMessage Inc.			1 0 /	19 / Y Y Y Y Y Y
Mailing Address			Amount	
815 Slaters Lane				123500.00
City	State Zip C	ode	Transaction	n ID: 18681887
Alexandria	VA 2231		Office Sought	t: House State: <u>IL</u>
Purpose of Expenditure	0-1			X Senate District:
Radio Advertising & Production	Category/ Type	004		Presidential
Name of Federal Candidate supported or	Opposed by expenditure:		Check One:	X Support Oppose
Sen. Mark Steven Kirk			D'alama and	I For A Private M County
			Disbursement	
Calendar Year-To-Date Per Election	12350	0.00	2010	er (specify) :
for Office Sought	12300	0.00		
(a) SUBTOTAL of Itemized Independent Exp	penditures			158500.00
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indepen or at the request or suggestion of, any candidate committee) any political party committee or its ag	or authorized committee or agent of			
Ms. Melinda Hatton Signature		Date 05		Y Y Y Y Y 2 0 1 1
Oignature				

TEMIJED INIDEDENIDENIT EV		
TEMIZED INDEPENDENT EX	PAGE 261 / 261	
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
American Hospital Association PAC		C C00106146
Check if 24-hour notice 48	-hour notice	
Full Name (Last, First, Middle, Initial) of Pa	ayee	Date
Multi Media Services Corporation		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
915 King Street		65000.00
City	State Zip Code	Transaction ID: 18685039
Alexandria	VA 22314	Office Sought: X House State: PA
Purpose of Expenditure Television Advertisi- ng & Production	Category/ Type 004	Senate District: 15 Presidential
Name of Federal Candidate supported or Opposed by expenditure:		Check One: X Support Oppose
Rep. Charles W. Dent		Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought	100000.00	Other (specify) : 2010

(a) SUBTOTAL of Itemized Independent Expenditures		65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		658868.96
Under penalty of perjury I certify that the independent expenditures report at the request or suggestion of, any candidate or authorized committee committee) any political party committee or its agent.	•	
Ms. Melinda Hatton Signature	Date 05	7 2011